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Concerning Tonsils: Facts of Interest to the Nurse

BY WILLIAM MITHOEFER, M.D., AND WINIFRED CULBERTSON, R.N.

AN unusual degree of interest seems to be manifested in the tonsil question at present, an interest which has been intensified by the daily press and some of the popular magazines. It is to be expected, therefore, that the laity will frequently question nurses regarding some of the more important facts.

Why should tonsils be removed? Have they not a function? Why is the operation performed so often today, as compared with the years when grandmother was a child? These are a few of the many questions that may be asked by the interested mother. It is for the purpose of informing the nurse regarding some of the salient facts pertaining to tonsils that this paper has been written.

FUNCTIONS OF TONSILS

WITH a belief that all things produced by nature have a use, the family physician of bygone years most often recommended non-interference, regardless of the size and condition in which the tonsils were found, and advised, instead, awaiting nature's atrophy. Watchful waiting for nature's cure by atrophy is ill-advised at all times, as by such delay much

harm may result. Let it be said without fear of contradiction that once a tonsil is infected, its function, whatever it may be, ceases and it becomes in consequence a menace to the health of the individual. In attempting to study the function of the tonsil have we not been attempting to study a function, in most instances, of an organ which has undergone pathological changes?

When tonsils retain their normal structure they undoubtedly play a small part in the development of the body in early life. Hellman's theory of the function of the tonsil is most universally accepted. He considers the tonsils as productive centers for white blood corpuscles and explains this function in the following manner. Each day and under normal conditions the tonsils, as well as the rest of the lymphoid tissue of the pharynx, receive an irritant of some kind which enters either from without or by way of the blood stream and, as a result, a change occurs in the normally present follicles with the formation of secondary follicles and production of white blood corpuscles. When the irritant is of mild nature, the process may be considered physiological, but

it is otherwise when the irritant is caused by virulent bacteria. In the latter instance, pathological changes take place within the tonsil, and what was once a physiological process becomes pathological.

We may therefore safely state that the normal functioning mechanism of the tonsil is a rather delicate one and is readily disturbed after an attack of streptococcus infection. The important thing to remember in this connection is that repeated attacks of tonsillitis undoubtedly destroy the function of tonsils in part or wholly.

VARIETIES OF TONSILS

THE large protruding and the submerged are the two most frequent types of tonsils met with. The large protruding tonsil, because of its size, may be thought to be the more dangerous type. This, however, is not true, in view of the fact that the tonsil crypts can more readily be drained by the action of the soft palate during the act of swallowing. This type of tonsil may be, however, in young children, the cause of a considerable amount of obstruction to breathing and because of this may require removal, even though the patient never had an attack of inflammation.

A tonsil completely or partially submerged is without doubt the dangerous variety. When submersion is present, the crypts are unable to drain properly and should an inflammatory process attack this type of tonsil, there is always greater danger of a systemic involvement. In a patient with completely submerged tonsils, the inspection of the throat, as ordinarily practiced, reveals nothing. It is only after firm pressure is made at the superior pole of the tonsillar region that the tonsil comes into view. It was at one time thought the submerged tonsil was found chiefly in

adults, but we know today that a submerged tonsillar mass is also very often found in young children. It is astonishing, in some cases, to see the extreme size of the submerged tonsillar tissue. In fact, some of the largest tonsils which we have removed were of this type, the submersion extending far into the soft palate. In concluding this part of the subject, let it be said that a tonsil of large size is not necessarily a menace to the health of the individual and that a small submerged tonsil is more apt to cause systemic disease and, because of its submersion, may remain unrecognized and not be considered as the cause of an unknown fever.

SYSTEMIC EFFECTS

IT is a well known fact that the tonsils are very susceptible to the invasion of bacteria, and that, as a result of this invasion, numerous systemic infections may take place. The number of secondary involvements which may result from infection within the tonsils is too large to enumerate here; it is sufficient to say that the joints, kidneys and heart are frequently affected. A systemic complication of an acute tonsillitis is to be suspected when the fever does not disappear after the fourth day and when there is a recurrence of fever after the tonsillitis has run its course.

When arthritis or nephritis is a complication of tonsillitis, it does not become manifest until after the fifth day. A nephritis developing simultaneously with a tonsillitis is usually not of tonsillar origin but is the result of a general infection. Chronic tonsillitis may follow an acute inflammation, especially if the crypts of the upper pole where drainage is insufficient are involved. It is worth remembering that a septic fever of unknown origin is very often caused by a

focus of infection in the tonsils. We have often discovered small abscesses within the substance of the tonsil at the time of operation when no other cause of the fever could be discovered. It is interesting to know that appendicitis may occur during or after an attack of tonsillitis and that it is but a part of the general infection which is present in all severe acute infections of the tonsils. The appendix probably becomes involved as a result of the vulnerability of the lymphoid tissue which it contains. Carl Peter, the anatomist, has rightly termed the appendix "the intestinal tonsil."

Recently, much stress has been laid, again, on an infection within the tonsils as a cause of puerperal sepsis. It has been shown that an infection within the tonsils may readily affect the walls of the uterus after delivery because of the diminished resistance present at this time. It is therefore important to examine the tonsils and teeth in the last months of pregnancy and to be on the watch for puerperal sepsis if the patient has a tonsillitis at the time of delivery.

It is interesting to know that a mild infection of the tonsils is more often the cause of a systemic derangement than is the severe form of inflammation. Especially does this apply to arthritis. A severe inflammatory reaction of the tonsil seems to serve as a preventive of systemic infection, probably because of the marked hyperemia of the surrounding tissues.

It is a remarkable fact that many patients with a systemic complication of a chronic tonsillitis give a history of never having had a sore throat and still, after the enucleation of sub-merged infected tonsils, the systemic derangement improves or entirely disappears. It therefore behooves us to remember that mild infections, whether acute or chronic, may be the

means of feeding into the blood stream sufficient amounts of toxins or bacteria to cause secondary disease to be established in remote parts of the body.

Many individuals carry infection within the tonsils for many years without deleterious effects. This is because their resistance has not become lowered. It is otherwise however when, for some reason, there occurs a diminished resistance to disease. In this event a severe systemic disease may readily ensue. It is for this reason that physicians very often recommend the removal of badly infected tonsils as a prophylactic measure in patients who are apparently in good health.

INDICATIONS FOR OPERATION

THERE are a few important aspects of this part of the subject which the nurse should know. The question is often asked, At what age should tonsils be removed? A child under three years of age should not be operated upon unless there is a good indication for so doing. Older people should be carefully examined by an internist before deciding to operate. We have removed tonsils in an infant nine months of age where tonsils were badly infected. A patient seventy-two years of age was recently operated upon with good results, the arthritis disappearing within several weeks after the operation. So one can safely say, operate at any age, provided there is a good indication.

It is undoubtedly true that many tonsils have been removed that did not require removal, but is it not likewise true that many patients have died an untimely death as a consequence of infected tonsils, when a properly performed tonsillectomy might have rescued them?

The most important indication for

the removal of tonsils is the history of repeated attacks of tonsillitis. A patient with this history, in whom there is present a systemic disease originating from some focus of infection, should not hesitate to have a tonsillectomy performed.

In children, the operation is also indicated when there is present excessive enlargement of the tonsils sufficient to cause obstruction to breathing and, furthermore, in retarded development both mental and physical. It is a common experience for physicians to examine patients in whom a decision cannot be reached regarding the tonsils as possible offenders. As a matter of fact, it very often requires many examinations and various tests, both laboratory and otherwise, to decide for or against operation. There is another question which often arises—a patient not only has infected tonsils but also carries an infection in and about the teeth. How are we to proceed in this instance? Should there first be a wholesale extraction of teeth, followed later by a tonsillectomy? We deem it advisable to do a tonsil operation as a first requisite, unless there is present a marked pyorrhea and many carious teeth. Simple changes of the surrounding structures of teeth, as shown with the X-ray, should not be an indication for immediate extraction. It is rather discouraging to see patients who have had all their teeth extracted, without beneficial results, and who are finally relieved after tonsillectomy. This question calls for a closer coöperation between dentist and physician.

PREOPERATIVE CARE

THE patient should be prepared as for any major surgical operation—a blood coagulation test made to rule out, as far as possible, any history of

hemophilia, specimen of urine analyzed, and heart and lungs examined. Patients are instructed to thoroughly alkalinize themselves, either by taking baking soda or by drinking Vichy. A good cathartic should be taken the morning of the day before operation. In cases where general anesthesia is used, no food or liquids should be taken for twelve hours before operation. If possible, the patient should enter the hospital the night before operation. The temperature should be taken on admission. When local anesthesia is used, the patient is given a hypodermic of morphine and atropine, the dose depending on his age, one half-hour before operation.

THE OPERATION

IT is not the province of this paper to say much concerning the operation. Each operator has his special technic and favorite instruments. Suffice to say that a well-done tonsil operation is one producing the least degree of trauma to the surrounding structures and one in which haste in operating is not an important factor. In other words, after the tonsils have been removed, sufficient time should be allowed for the proper control of all bleeding so that the immediate family, as well as the public, may be assured that bleeding after tonsil operation is of infrequent occurrence. It has been our experience that the control of all hemorrhage at the time of operation by applying ligatures to the bleeding area reduces the post-operative hemorrhage to a minimum. A nurse acting as an assistant in a tonsillectomy done under local anesthesia should be very careful about the solutions used for injection and local application. If a cocaine solution is on the table, it is advisable to add to it a few drops of methylene blue so that it can never be mistaken

for the novocaine solution. Furthermore, the novocaine solution should never be injected without being warmed. If this is done, there will be less reaction after the operation.

IMMEDIATE CARE AFTER OPERATION

PATIENTS leaving the operating room after general anesthesia are immediately turned on their stomachs on the stretcher and are returned to their room and placed in bed in the same position. Children should be kept in this position as long as possible or until they are completely conscious and all nausea has disappeared. No water is given for the first four hours, or longer if vomiting persists. (Only cold liquids are given the first twenty-four hours.) When local anesthesia has been used, the patient is returned to the room in a wheelchair and then placed in bed in an upright position, using a back rest. An ice collar is applied immediately. A powder containing aspirin, phenacetin and codein is given and is repeated every four hours for the first few days. No gargle is advised but the mouth should be kept thoroughly clean with some alkaline mouth wash. All patients should remain in the hospital and in bed for the first twenty-four hours after operation.

DIRECTIONS TO PATIENTS AFTER A TONSIL OPERATION

IT is our practice to give a printed pamphlet containing the following directions to patients on leaving the Hospital.

Rest. For the first three days after operation, the patient should rest as much as possible. Rest in bed is a necessary precaution for the patients who have had rheumatism. It occasionally happens that an attack of rheumatism follows the operation and there is less likelihood of this occurring if the patient is kept quiet. Children should be kept in bed for at least three days, even though they have

been in good health prior to the tonsil operation. There are some children who have only a mild sore throat and are ready to play on the day following the operation, but any violent exercise at this time is apt to bring on a hemorrhage. It is, therefore, advisable not to grant them the privilege of playing until after the fifth day. Adults whose general health is not affected, need not adhere strictly to this rule; in fact, there are some who return to work on the third day following the operation.

Laxatives. On the second day following the operation a laxative should be taken. For children, castoria, aromatic castor oil, milk of magnesia, or any other laxative to which they are accustomed. Adults may take pluto water, aromatic cascara, or Epsom salt. The first bowel movement may be black in appearance because a small quantity of blood was swallowed at the time of operation. It is important that the bowels should move well every day. Sufficient laxative should not be given to cause too frequent movements. If there is not sufficient action from the use of a laxative an enema of a tablespoonful of baking soda in a pint of warm water should be given.

Fever. A slight rise of temperature after the operation often takes place, especially in children. The fever is controlled by sponging the body with lukewarm water, or by giving a warm bath. After there is a good bowel movement, the fever usually disappears, although there are some patients in whom fever may be present for as long as a week, following the operation. If fever remains high, small doses of aspirin may be given. A child under ten years of age may be given one-half of a five-grain aspirin tablet, every three hours; adults may take a five-grain tablet, three times a day.

Vomiting. In children after the administration of ether, vomiting takes place and may persist for two or three days. It is usually the result of an acidosis. A mild case of acidosis, caused by formation of poisonous substances in the body by the ether anesthesia, is best controlled in the following way:

1. Give no food for twenty-four hours; instead give the patient an orangeade which has been sweetened with two tablespoonfuls of milk sugar. Three or four glasses of this may be given in twenty-four hours.
2. Give patient 1/10 grain of calomel tablet, every half hour, until ten have been taken.
3. Calomel should be followed, six hours after taking the last tablet, by a large dose of milk of magnesia.

Retaining enemas given in the following manner are often of great benefit. A level teaspoonful of baking soda is dissolved in four tablespoonfuls of warm water and is injected into the rectum every three hours with a bulb syringe. It is advisable to call the family physician if the above means do not control vomiting within twenty-four hours. When the vomiting has ceased, food may again be given, beginning with weak tea, stale bread, toasted without the crust, and well cooked cereals. Do not give milk until two days after the vomiting has stopped.

Diet. Patients who have not vomited may be given the following diet. The day of the operation, cold fluid diet should be taken. Beginning on the second day, and continuing for at least a week after operation, the following articles of food may be given: milk, milk toast (without crust), ice cream, oatmeal, Ralston breakfast food, cornmeal mush, soups (not too hot), soft boiled eggs, mashed potatoes, well cooked vegetables, minced chicken or chopped beef, malted milk, gelatine, tapioca pudding, junket, corn starch pudding or custard, and once daily, a glass of orange juice diluted with equal parts of water. At the end of a week, the patient may be placed on a regular diet. It is also advisable to drink freely of water until the throat has entirely healed. The addition of baking soda to each glass of water is very beneficial. One-quarter of a teaspoonful to the glass of water, three times a day is the usual dose for children; adults may take one-half to one teaspoonful at a time. If preferred, Vichy water may be taken instead. Hot, spicy, and acid foods are often irritating to the throat and should therefore not be indulged in.

Gargles. It is not necessary to gargle more than four times a day—after meals and at bedtime. Too frequent gargling has a tendency in some cases to cause a slight hemorrhage. Baking soda (a teaspoonful to a glass of warm water), or listerine (a teaspoonful in one-half glass of warm water), may be used. If the patient is a young child and cannot gargle, the teeth and gums should be rubbed with a piece of cotton saturated with the baking soda solution. If there is severe pain present upon swallowing, gargling with aspirin is often beneficial. One aspirin tablet is pulverized and placed in three tablespoonfuls of water and used as a gargle.

Care of the Teeth and Gums. Many patients because of a slight discomfort in cleaning the teeth and gums after a tonsil operation, neglect this important factor. If the teeth and gums are not properly taken care of, the margin of the gums may become inflamed and

prevent the rapid healing of the tonsil wound. The teeth are to be brushed at least four times a day, using for this purpose any accustomed tooth-paste or mouth wash. We can heartily recommend baking soda, sprinkled on the moistened toothbrush, as one of the best agents for inflamed gums. The proper method of brushing the teeth is to brush with a rotary motion away from the gums; in other words, brush up on the lower teeth and down on the upper teeth, not crosswise. If the toothbrush is irritating, use gauze wrapped around the finger to wipe the teeth.

Pain. The throat is more or less painful after every tonsil operation. The pain is often more severe at night. During sleep, the throat becomes dry and as a result of this dryness, there takes place a contraction of the muscles of the throat which is very painful. When children have this painful contraction of the muscles, they awaken easily, become frightened, and oftentimes very nervous. If the child seems to be in pain, paregoric may be given every three hours, for several doses, the dose depending on the age. Proper dosage is always printed on the label of the bottle containing the paregoric. Some patients have great relief by the use of a wet pack. The pack is made by loosely wringing a towel after having been dipped in ice water. It should then be so folded that it will be about three inches wide and long enough to reach twice about the neck. After applying the towel, cover it with a dry towel or oil silk, in order to retain the moisture. When the wet towel becomes warm, wring out afresh in cold water and reapply as before, repeating every half hour. If there is much pain in the muscles of the jaw, chewing gum relieves the contraction of the jaw muscles and helps to alleviate the pain. Adults, before leaving the hospital, are given a prescription for powders for the relief of pain, which are taken one-half hour before meals. In some instances, if the pain is very severe, these powders may be taken every four hours. Some patients complain of distress in the stomach after taking the powders. The addition of baking soda to the glass of water, when taking the powders, will usually prevent this discomfort in the stomach. Children may take one-half of a five-grain aspirin tablet which has been pulverized, if there is much pain.

Earache. This is a frequent symptom after tonsil operation. It is usually a reflex pain resulting from the sore throat and is seldom caused by an inflammation of the ear itself. The earache is usually relieved by dropping eight drops of warm glycerine into the ear, every two hours, by applying heat to the ear,

in the form of a hot water bag or electric pad, and by giving a few doses of paregoric. To avoid burning, test the temperature by dropping a few drops of the warm glycerine on the wrist before instilling it into the ear; if it is too hot for the wrist, it is too hot for the ear. If earache is not relieved in this simple way, and if the patient at the time has fever, an examination of the ear should be made.

Hemorrhage. Fortunately this complication is of rare occurrence. When it does take place, the patient is to remain in bed with the head well elevated, by using three or four pillows. A slight bleeding is easily controlled by remaining absolutely quiet and not becoming excited and by abstaining from vigorous clearing of the throat. Profuse bleeding should never be allowed to continue without getting into communication with one of the physicians or telephoning the hospital. We have never seen any alarming hemorrhages following the operation. Bleeding that cannot be controlled in a short space of time will require the removal of the patient to the hospital. In this way valuable time is not lost and the bleeding is more readily controlled. To attempt to stop a hemorrhage in the home of a patient is often a very difficult procedure.

Appearance of Throat and Foul Breath. Many people become unduly alarmed when they look into the throat of a patient who has had a recent tonsil operation. They see a membranous deposit and immediately think of diphtheria. We have never seen diphtheria develop after a tonsil operation. The membranous deposit is nature's method of protecting and assisting in the healing of the tonsil wound. As a result of the presence in the throat of two large wounds, a foul breath naturally occurs. It usually disappears at the end of the first week. Gargling and cleansing of the teeth and gums control it to a certain extent. A furred or coated tongue, which is also present, usually clears up in a week. It is needless to add that smoking is not to be indulged in for at least a week after operation.

Loss of Weight. During the first week following a tonsil operation there is usually a loss in weight. Undernourished children often become weak and exhausted during this time, but soon regain their weight and strength when they commence to eat again. Most children recuperate more quickly than adults,

and the tonsil wound in adults requires a little more attention during the healing process. Very little if any local treatment is necessary for the proper healing of the tonsil wound.

Conclusions. We have endeavored to give a few of the salient facts pertaining to the tonsil problem which we have considered to be of interest to nurses. There are many other things to be said on this important subject but in doing so it would carry us away from the domain of this paper and would be of no practical interest to nurses. If we have given a little food for thought, our effort has not been in vain.



The 1928 Baby

IN a symposium compiled by the Milbank Memorial Fund and made public through its secretary, John A. Kingsbury, noted authorities give the 1928 baby an "expectancy of life" exceeding that of the infant born in 1927, even conceding that the year just ended has enjoyed an unusually low mortality rate.

Based on statistics of past decades, the baby born in 1928 is promised 140 days more of life than the baby born in 1927, according to Edgar Sydenstricker, Statistician of the United States Public Health Service. The baby born in the new year, Mr. Sydenstricker said, is promised ten years longer of life than his father had when he entered the world, and nearly twenty years longer than his grandfather had the hope of living.

"This advantage which the 1928 baby will have," says Mr. Sydenstricker, "is in the nature of a dividend from an investment which his forbears made in an effort to prevent the diseases which kill children, and in mitigating the conditions which shorten the lives of adults. . . . While it is dangerous to make precise predictions as to the future with respect to life prolongation, barring unforeseen conditions, the year 1928 holds out the promise of a lower death rate than ever before and a longer expectation of living than has ever been known in the history of the world."

A Treatment Chart

BY ADA M. OLSEN, R.N.

THESE treatment charts, suspended on ordinary chart holders, are on view at all times on the desks of head nurses in the University of Minnesota Hospital.

The device is made by covering pasteboard with unruled paper which is held in place with adhesive. The paper clips, which are forced through the paper to a proper depth, hold the treatment cards in position so that each one is clearly visible.

A color scheme is used for the cards so that, throughout the hospital, a blue or a red or other card has particular significance and, except in unusual cases, requires only the name of the patient receiving the treatment.



A TREATMENT CHART

Care of Excoriated Buttocks

*As Given at the Babies' and Children's Hospital,
Cleveland, Ohio*

Amelioration:

1. Lay the diaper under the infant's buttocks, and leave it unpinned. If the room is cool, put on stockings and pin the stockings to the shirt.
2. Expose the buttocks to the warmth of an electric-light bulb. (This will keep the child warm and will tend to dry the skin of the buttocks.)
3. Take care that the bulb does not come in contact with the bedclothes, since it will scorch the material.
4. If necessary, restrain the infant so that he cannot touch the bulb and so that the buttocks are exposed to the warmth. Restrain by laying the infant on the abdomen or back, and fas-

tening each ankle to the side bars of the bed. Bandage gauze may be used, and the knot must be one that cannot slip. If additional restraint is necessary, restrain the hands in the same way.

5. Watch the infant closely and change the diaper under the buttocks whenever necessary.

6. Place a sheet over the bed, resting on the foot and side bars, pin in the form of a tent. The sheet cuts off the draft and improves the appearance of the ward.

7. Bismuth with castor oil is the remedy most commonly applied.

8. Balsam of Peru with castor oil is sometimes used, though it is difficult to use because of its consistency.

Civil War Nurses¹

BY LOUISE OATES, R.N.

ALL too little 'tis true, and desultory in the extreme in most instances, yet withal, some record of the service of women as relief workers and nurses during the War between the States may be found if one has the patience to search it out. One finds that, in spite of their lack of practical training and the imperfections of the central organization of women nurses, the Union Army had far better nursing care than any which preceded it in American history.

With the example of the Crimea so recently before them, the people of the Northern States for the first time went systematically about preparing to care for their sick and wounded soldiers. Instantaneously there sprang up all over the land associations of women whose idea was to serve in whatever way they could. Then one by one these small Soldiers' Aid and Village Sewing Circles merged, and the United States Sanitary Commission crystallized all these innumerable local groups into one organized body.

The women of New York City may be regarded as the founders of this noble society—the forerunner of our modern Red Cross. Within thirty days after April 14, 1861, when Lincoln called for 75,000 men to preserve the Union, the Woman's Central Association of New York—before it merged with others to form the Commission—had chosen one hundred picked women from one thousand candidates to be trained in the civilian institutions under the physicians and surgeons of

New York City, as nurses for the army hospitals.

The government at Washington realized that women were needed as nurses and they recognized that it was equally necessary that someone should decide upon their qualifications for the work and should direct their efforts. There was present in Washington, Dorothea Lynde Dix who had already offered her services for any type of work desired, and whose long experience in public institutions and high character and ability were well known. Therefore it was natural that the Secretary of War appointed Miss Dix, Superintendent of Female Nurses, on June 10, 1861, as the one best fitted for the position, although she had done no actual nursing.

Vested with power to choose her nurses and to plan their endeavors, this grim, stern little woman continued to give her labors throughout the war without compensation. From her Headquarters in Washington she sent out circular letters stating the qualifications for an army nurse. These seem unnecessarily strict to us now. No woman under thirty years old would be accepted, and no woman who was not plain in appearance. Uniforms were not required, but "their dresses must be brown or black, with no bows, no curls, or jewelry, and no hoop skirts." Giving up their hoops was a hard blow as we learn from the diaries of these women.

Nurses selected by Miss Dix, and others, were to be found in every hospital and on almost every battlefield from Bull Run to Appomattox. Many women did not wait to be regularly mustered in but gave their services under local associations and

¹ An interesting and valuable article "Women Nurses with the Union Forces during the Civil War," compiled from official sources by Major Julia C. Stimson, Superintendent of the Army Nurse Corps, appeared in the January and February issues of *The Military Surgeon*. Reprints may be had on request addressed to Major Stimson.—Ed.

commanding officers without remuneration. For those chosen by the Superintendent of Nurses and commissioned, the pay was \$12.00 per month. Herein lay the greatest weakness of what sounds like a fairly well mapped-out system. Nurses often came from other sources. State agencies and local aid societies sent their volunteers, and surgeons-in-charge might choose their favorites over the head of the Superintendent of Nurses; discord and lack of discipline often resulting.

These nurses were from all levels of society. Fired by the example of Florence Nightingale, literally thousands of women of all types offered themselves, though numbers were rejected on account of their youth. Many of them showed marked ingenuity, aptitude and tireless service and some, great organizing ability. Although most were absolutely lacking in any practical training, a number exemplified the advantage of previous hospital experience. While these were often women of less refinement, they frequently managed the male nurses better than did those from the higher ranks of society. Some of these women had fitted themselves by a few months' work in civilian hospitals for the war emergency, and here and there mention is made of some few English nurses with Crimean service to their credit. Then, too, one should never forget those Catholic Sisterhoods, with a long line of nursing history behind them, which gave such valuable assistance.

The duties of these women varied in different places but we can find, pretty clearly stated, the demands made upon ward nurses in most hospitals. As a rule, there seemed to be but one assigned to a single hospital division. She was responsible for the general order of her ward and the

direction of the male nurses; ministered to the wants and comforts of her patients as far as possible; assisted them in their correspondence with friends at home; supervised the special diets of the weaker patients; and had charge of the drugs and stimulants which latter played an important part in treatment during the Civil War. If one wishes to learn of the heavy cares of a matron, one has but to turn to Miss Woolsey's own story as told in "Hospital Days."

Who were some of these little known Civil War nurses? In so short a space one can but mention at random a few outstanding names. Among the more prominent were: Mary A. R. Livermore, Margaret Breckenridge, Helen Louise Gilson, Katherine Wormeley, the Woolsey Sisters, Annie Wittenmeyer and Mother Bickerdyke. In the South there was no Sanitary Commission heavily endowed, no government funds to bring relief to the Confederate soldier. Yet it was the mission of the women to help where they could, as relief workers and nurses—without training or organization, and most often, without pay. Two of the best known names are those of Captain Sally Tompkins and Ella K. Newsome, "The Florence Nightingale of the Southern Army."

After the war, the majority of these women returned to civil life to take up the burdens of impoverished and broken homes, though there were some who continued on in nursing or other public relief activity. In 1881, there was formed a body called the Ex-Army Nurses' Association, with Miss Dix as head, and at Washington, in 1892, was organized the National Association of Army Nurses of the Civil War. In the same year, a pension bill was passed, giving \$12.00 per month to needy Civil War nurses, but as it required proof of service, which was often faulty or

lacking, many were unable to benefit by the measure. However, the Government pensioned forty-eight additional nurses of the Civil War the first of this year.¹

Smaller and smaller are growing the ranks of these untrained but courageous nurses of an earlier day. This year the Boston and New York papers gave an account of the meeting of the Massachusetts State Branch of their association with only four living members. To them President Coolidge sent a message of praise. And in the Baltimore papers has appeared recently the notice of the death of the last but one in the city—the remaining one, an old lady of nearly ninety years. But the service and influence of these women has not been forgotten—their country has honored them. Several have been buried in the great National Cemetery at Arlington, and throughout the states a few monuments and more volumes keep alive their memory.

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Short outlines of the labors of a number of Northern and Western women who gave different kinds of war service. Summaries of The Woman's Relief Association, The Commissions, Sanitary Fairs and Soldiers' Aid Societies, and the hospital nursing of Mother Bickerdyke, Margaret Breckenridge, Mary Brady and others.

HURN, ETHEL ALICE, *Wisconsin women in the war between the states*, Wisconsin History Commission, 1911, 176 pp.

A state record in detail of the organized aid and relief given by Wisconsin women as hospital matrons, ward nurses and sanitary agents. Inspections of hospitals of Southwest by Mrs. Cordelia A. P. Harvey with resulting reforms is instructive.

LOGAN, MARY SIMMERSON (CUNNINGHAM), *The part taken by women in American history*, Perry-Nalle Publishing Company, Wilmington, Del., 1912, 927 pp.

A compilation of the lives and endeavors of American women from pioneer days, especially valuable as a reference book on Civil War period. List of most prominent nurses is given and an account of the National Organization of Army Nurses of the Civil War, formed first in 1881 and reorganized in 1892.

UNDERWOOD, REV. J. F., *The women of the confederacy*, Neale Publishing Company, New York, 1906, 313 pp.

Extracts from various writers and orators dealing with the trials and achievements of Confederate women, including hospital service of a number.

ANDREWS, MATTHEW PAGE, *The women of the south in war-times*, Norman-Remington Company, Baltimore, 1920, 466 pp.

Compiled from limited sources, giving relief work of Southern women. There are but few hospital and nursing references, but of especial interest are those on Captain Sally Tompkins, head of a Richmond hospital, and on Ella Newsome, "The Florence Nightingale of the South."

¹ This article was written in 1927.—Ed.

² This material is the result of many hours of digging in various libraries and the following of many clues. It should be helpful to those who are teaching the History of Nursing or to those who are collecting old books on this period.—Ed.

RUTHERFORD, MILDRED LEWIS, Miss Rutherford's scrap book—valuable information about the south, Vol. VIII and Vol. IX, Mildred L. Rutherford, Athens, Ga., 1923-27.

Monthly publication edited by Miss Rutherford, Historian of the United Daughters of the Confederacy, dealing with matters of historical interest. The two numbers of August and September, 1923, furnish good descriptions of the work of women and surgeons of the Confederacy.

Reprints from the *Weekly News and Courier*, Charleston, S. C., Our women in the war, The News and Courier Book Presses, Charleston, S. C., 1885, 482 pp.

Sketches and reminiscences of Southern women in regard to the war—of particular value, the establishment of the first Wayside Hospital, "The Soldiers Rest," at Charleston, S. C., March 10, 1862, and the organization of the special diet kitchens.

DIARIES, MEMOIRS AND LETTERS

ALCOTT, LOUISA MAY, Hospital sketches, J. Redpath, Boston, 1863, 102 pp. also Roberts Bros., Boston, 1869, 379 pp.

Breezily written story of Miss Alcott's experience as a nurse in hospitals around Washington, D. C. Descriptions of a nurse's typical day and night are given with little details of wards, patients and surgeons.

OLNHAUSEN, MARY PHINNEY VON, BARONESS, Adventures of an army nurse in two wars, Little, Brown & Company, Boston, 1903, 355 pp.

Pleasing account of three years' nursing service with the Union hospitals in the South. Instructive bits of information may be found as to care of sick and wounded. Second part of book deals with life as a nurse in Franco-Prussian War.

POWERS, ELVIRA J., Hospital pencillings, being a diary while in Jefferson general hospital, Jefferson, Ind., and others at Nashville, Tenn., as matron and visitor, Edward L. Mitchell, Boston, 1866, 211 pp. "A simple record of scenes and events just as they occurred from day to day," written on the hospital wards. Enumerated are: The duties of "lady nurses," morning reports, diet slips, inspections, etc.

WOOLSEY, JANE STUART, Hospital days, D. Van Nostrand, New York, 1868, 180 pp.

A clear, concise story of the exact duties of a superintendent of nurses in a Civil War hospital—one of the best descriptions to be found.

SMITH, ADELAIDE W., Reminiscences of an army nurse during the civil war, Greaves Publishing Company, New York, 1911, 263 pp.

Personal recollections of five years' service as a nurse in the Union hospitals around New York City—some details of ward arrangement and care of patients may be found.

EDMUNDS, S. EMMA E., Nurse and spy in the union army, comprising the adventures and experiences of a woman in hospitals, camps and battlefields, W. S. Williams & Company, Hartford, Conn., 1864, 384 pp.

A Canadian woman's story of her life in the army in both field and hospital nursing, as well as her activities as a spy.

STEARNS, AMANDA AKIN, The lady nurse of ward E., Baker and Taylor Company, New York, 1909, 312 pp.

Series of rambling letters by a nurse in Amory Square Hospital, Washington, D. C., considered best conducted hospital of the war. Events of ward routine and life are given.

DAVIS, MARGARET B., The woman who battled for the boys in blue—Mother Bickerdike, Pacific Press Publishing House, San Francisco, 1886, 166 pp.

Mother Bickerdike is here portrayed as a woman of great physical strength and unusual organizing ability who brought about many hospital reforms in the army.

WORMELEY, KATHERINE PRESCOTT, The other side of war with the army of the Potomac, Ticknor & Company, Boston, 1889, 207 pp. Same as The cruel side of war with the army of the Potomac, Roberts Bros., Boston, 1898, 207 pp.

An accurate record of a woman's status and her duties as nurse in the hospital transport service in 1862.

OLMSTEAD, FREDERICK LAW, Hospital transports, a memoir of the embarkation of the sick and wounded from the peninsula of Virginia in the summer of 1862, Ticknor & Fields, Boston, 1863, 167 pp.

A compilation from letters and papers by an authority on Civil War conditions. Here are found descriptions of the transport care of the wounded, types of persons employed as doctors, matrons and nurses—and a list of the ships.

REED, WILLIAM HOWELL, Hospital life in the army of the Potomac, Publisher (?), 1866 and 1868, 199 pp. Publisher (?) special edition, Boston, 1891, 199 pp.

Written by a male member of the Auxiliary Relief Corps, giving glimpses of life and work

in field and camp hospitals. Especial credit is given to Helen Louise Gilson as matron and nurse.

RICHARD, JACOB FRAISE, "The Florence Nightingale of the southern army"; experiences of Mrs. Ella K. Newsome, confederate nurse in the great war of 1861-63, Broadway Publishing Company, Baltimore, Md., 1914, 101 pp.

Extracts from letters and newspaper articles enumerating incidents from the career of Ella Newsome as a nurse in the Southern army. A woman of means and great organizing ability whose work is detailed here.

CUMMING, KATE, A journal of hospital life in the confederate army of Tennessee, John P. Morton & Company, Louisville, Ky., 1866, 200 pp., also William Evelyn, New Orleans, La., 1866.

A journal of three years' service as nurse in the Confederate hospitals. Mention is made of the work of male nurses, excellent nursing of Sisters of Charity and the manifold responsibilities of women nurses.

PEMBER, PHOEBE YATES, A southern woman's story, G. W. Carleton & Company, New York, 1879, 192 pp.

A woman's experience as Superintendent of an army hospital near Richmond, Va. Account of Confederate Government passing order for women matrons, and marked improvement shown in those hospitals having them.

PRYOR, MRS. ROGER A. (SARA), Reminiscences of peace and war, Macmillan & Company, New York, 1905, 418 pp.

Entertaining recollections of a Virginia gentlewoman, enumerating relief and hospital duties of herself and others. Account of Richmond homes being turned into hospitals after near-by battles.

SMITH, MRS. SUSAN E. D., The soldiers' friend, Bulletin Publishing Company, Memphis, Tenn., 1867, 300 pp.

A detailed record of long service of herself and husband as hospital nurses in Southern hospitals—generally poor organization described.

WHITMAN, WALT, The wound-dresser, a series of letters written from the hospitals in Washington during the war of the rebellion, Small, Maynard & Company, Boston, 1898, 201 pp.

Vivid pictures of nights and days spent in Washington hospitals as independent missionary—mention made of buildings, staffs, surgeons and nurses.

WHITMAN, WALT, Specimen days in America, from Works of Walt Whitman No. 1, The New Universal Library, Geo. Rutledge & Sons, London, 1906, 317 pp., also E. P. Dutton & Company, New York, 1906, 317 pp.

Unrevised, hurried sketches written in a notebook on wards or in field hospitals, containing bits of information about Army surgeons and nurses.

LETTERMAN, JONATHAN, M.D., Medical director of the army of the Potomac, Medical recollections of the army of the Potomac, D. Appleton & Company, New York, 1866, 194 pp.

A good, general account, dealing with questions of hygiene, disease, hospital regulations and reform, types of medical and surgical men, as well as care of patients.

PERRY, JOHN GARDNER, Letters from a surgeon of the civil war, Little, Brown & Company, Boston, 1906, 225 pp.

Letters giving the active marching existence of a brigade surgeon, following the hospital wagons, attending the wounded in the ambulances, etc.

BARUCH, SIMON, M.D. Reminiscences of a confederate surgeon, Publisher (?), New York, 1915, pamphlet, 8 pp.

An address telling of the labors of a young assistant surgeon in brigade and field hospitals in the South, improvised hospitals in North Carolina in 1865, and the help of women of the towns in care of the wounded.

LIVERMORE, MARY ASHTON (RICE), My story of the war, A. D. Worthington & Company, Hartford, Conn., 1887, 700 pp.

A long story of four years as nurse among the wounded, and with the Chicago Branch of the Sanitary Commission. Wretched arrangements in earlier hospitals described, together with the humane and effective relief of the Commission in later ones. Work of Holy Cross Sisters praised and rules and regulations of women nurses given.

ADDRESSES OF TRIBUTE

DAWSON, FRANCIS W., Our women of the war, An address delivered February 22, 1887, at the fifth annual Reunion of the Association of the Maryland Line, Walker, Evans & Gogswell Company, Charleston, S. C., 1887, pamphlet, 38 pp.

An address depicting the relief and nursing endeavors of the Southern women, especially for the soldiers of Maryland.

TRENCHARD, EDWARD, The services and sacrifices of the daughters of the republic during the civil war, Knickerbocker Press, New York, 1912, pamphlet, 12 pp.

Tribute to the women of the Union as nurses, particular mention made of the splendid work of the Catholic Sisters.

HISTORIES AND RECORDS OF THE SANITARY COMMISSION

Anonymous, The United States sanitary commission, a sketch of its purposes and its work, Little, Brown & Company, Boston, 1863, 299 pp.

Well chosen extracts giving a good picture of the establishment and organization of the Commission, the systems of general relief and the work of women.

STILLÉ, CHARLES J., History of the United States sanitary commission, being the general report of its work during the war of the rebellion, J. B. Lippincott & Company, Philadelphia, 1866, 553 pp.

An official history of the Commission with parts given to the treatment of hospital matters, reforms, transport service, the preparation of medical monographs, etc.

WORMELEY, KATHERINE PRESCOTT, The United States sanitary commission, a sketch of its purposes and its work, Little, Brown & Company, Boston, 1863, 299 pp.

Brief details of the endeavors of the Commission, particularly woman's work in the transports and elsewhere. Mention made of homes for sick nurses at Washington and Annapolis.

FOREMAN, JACOB GILMAN, The western sanitary commission, a sketch of its origin, history, labors for the sick and wounded of the western armies, R. P. Studley & Company, St. Louis, 1864, 137 pp.

An interesting report of the establishment and management of the fifteen military hospitals in and near St. Louis. A long list of the nurses who served in these hospitals is given with an account of their qualifications and endeavors.

NEWBERRY, DR. J. S., The U. S. sanitary commission in the valley of the Mississippi during the war of the rebellion, 1861-1866, Fairbanks, Benedict & Company, Cleveland, Ohio, 1871, 543 pp.

History of Western Sanitary Commission by its Secretary with story of its hospital and relief work—no account of women nurses.

"If a little knowledge is dangerous, where is the man who has so much as to be out of danger?"—THOMAS HUXLEY.

Health Standards in Rural Communities

HEALTH standards of rural communities throughout the country may be materially raised, and mortality rates reduced, as the outcome of an experiment sponsored by the Milbank Memorial Fund in Cattaraugus County, New York.

This is the epitome of an announcement made public yesterday by John A. Kingsbury, secretary of the Milbank Memorial Fund, the occasion being the appropriation by directors of the Fund of more than \$87,000 for continuance of public health work in Cattaraugus County another twelve months beyond the five-year period, just ended, of the health demonstration.

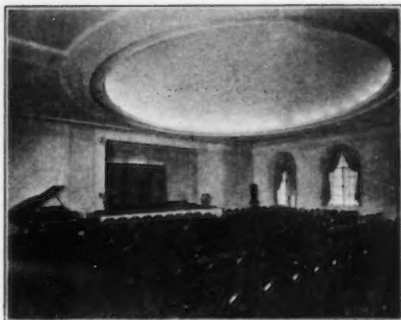
The demonstration, which has evoked national and international interest, is being continued at the specific request of Cattaraugus County health authorities, notwithstanding opposition from a small group in the local medical society, whose criticism has been frowned upon by virtually every civic and welfare organization in the county, including many doctors in their membership.

The success of the demonstration which has been supervised by a technical board of nationally prominent physicians and public health experts, is evidenced by records of the Cattaraugus County Board of Health over the five-year period of the experiment, Mr. Kingsbury said. The undertaking was seen as an opportunity to demonstrate, by coöperation with the county, whether intensive application of known health measures would diminish the extent of sickness in a typically rural community, and substantially reduce mortality rates in a relatively short period of time, at a per capita cost which such communities would be willing to bear.

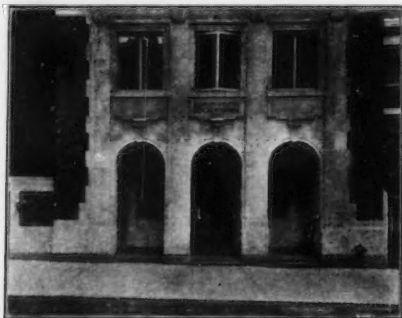
"During the five-year demonstration period," he continued, "Cattaraugus County has witnessed a reduction of approximately one-third in the tuberculosis death rate, and of nearly one-fifth in the infant mortality rate."

Mt. Sinai's Beautiful New Nurses' Home

THE magnificent new \$2,000,000 building which houses the nurses of Mt. Sinai Hospital, New York City, is properly designated School of Nursing, for it contains all the nursing school laboratories and classrooms as well as beautifully appointed living accommodations for students and graduates. This school has its own board of twelve members, seven of whom are members of the board of the hospital. This arrangement ensures understanding and coöperation between the school and hospital and provides sound support for the school. The building provides for 490 nurses;



READY FOR MORNING ASSEMBLY



MT. SINAI HOSPITAL SCHOOL OF NURSING

it is believed to be the largest single unit of its kind in the world. Provision has been made for the addition of 160 rooms when needed.

The main floor with its spacious marble corridors, its handsome living room, library, music room and assembly room, all furnished with artistic restraint and an effective use of color, gives an effect of dignity, permanence and charm.

Soft-toned tile on walls and pillars and sunshine-yellow draperies at the windows have been skilfully used to "de-institutionalize" the enormous dining room. It is equipped with glass-topped, black tables and painted

chairs. Rubber flooring and an acoustically treated ceiling ensure an unusual degree of quiet. Cafeteria service is provided.

The students' dormitory floors rise one above another, all alike in arrangement, but diversified by delightfully individual use of color. Larger rooms with connecting baths occupy the two upper dormitory floors which are reserved for the faculty. All beds are provided with colored draperies. A few double rooms are provided for sisters or others who prefer rooming together. All rooms have running water and, luxury of luxuries, a full length mirror is on a closet door in every room.

An upper floor has a well appointed infirmary, and the gymnasium is also



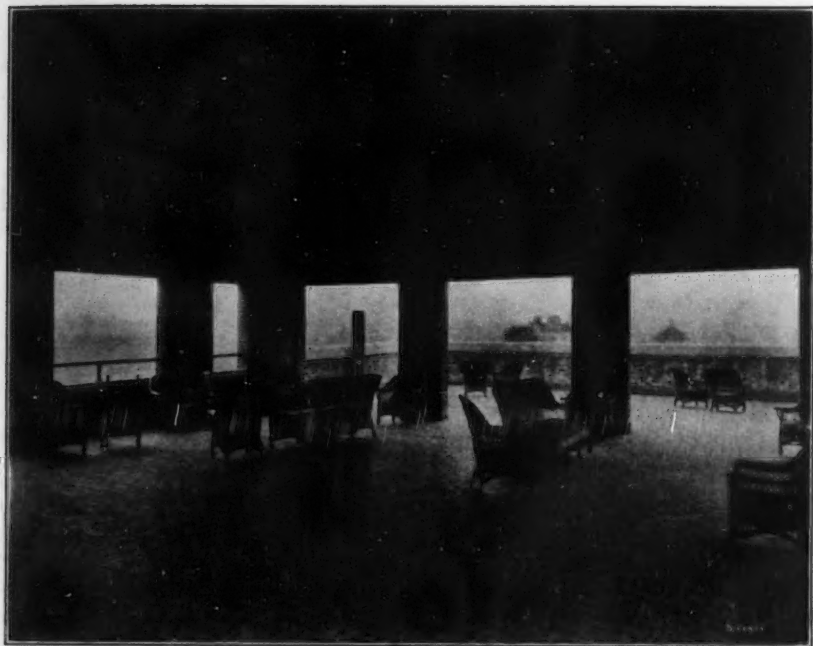
A STUDENT'S ROOM



THE SCIENCE LABORATORY



STUDENT NURSES' DINING ROOM



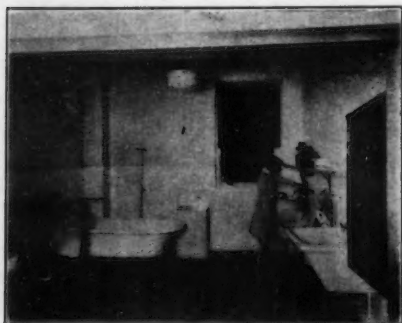
ON THE ROOF

near the roof. From the roof garden one may look down upon Central Park, across the East River to Long Island, beyond the Hudson to the Palisades, or to uptown New York.

Handsome as this home is throughout, it is the educational floor that gives one pause, for an entire floor, comprising 12,000 square feet of space, has been given to instruction. The

large lecture room is provided with both Balopticon and a Trans Lux or daylight projectoscope in order that any type of illustrative material may be shown. Lecture rooms for smaller classes are also provided.

The nursing laboratory is a unit composed of a demonstration and practice room with adjoining utility room, linen room and kitchen cubicle. The classroom devoted to the teaching



UTILITY SECTION, NURSING LABORATORY



STUDY AND REFERENCE LIBRARY

of massage and equipped with excellent tables is a unique feature. The equipment of the science laboratory is comparable to that of the universities. The reference library and study rooms are conveniently placed for student use. Ample office space is provided for instructors.

It may truly be said that no thought, expense or effort has been spared to make this school of nursing a worthy tribute to the generations of nurses who have gone out from Mt. Sinai or to provide foundation for and incentive to ever greater happiness and efficiency.

Group Nursing in the Los Angeles County General Hospital

BY HENRIETTA R. MUIR, R.N.

WE have had group nursing in this hospital since 1922. We have ten graduate nurses on general duty salary, \$95 a month and full maintenance, paid by the hospital, who do group nursing. The patients pay nothing for this extra service.

Our group nurses work eight hours a day, with one day off each week. They have no definite hours on duty; some work on day and some on night duty. They never work more than eight hours each day.

If a patient is very sick or requires numerous treatments, the interne in charge of the case recommends that he be given special care. If he is unable to pay for a special nurse, a group nurse is assigned to care for him. The group nurse usually cares for two or more patients. There is no part of the hospital set aside for this service, but the patients thus cared for are, as a rule, moved close together. The head nurse on the ward and the superintendent of nurses' staff use their judgment as to use of the group nurses.

Another type of group nursing is used in the care of cataracts. Three cataracts are always operated upon

the same day, and require special care for three days and three nights. If the patients are able to do so, they each pay \$22, making a total of \$66. This pays \$10 a day, for three days, to the day nurse and \$10 a night, for three nights, to the night nurse; also \$1 a day for board for each nurse. These patients do not receive many treatments, but they must be watched so they may not move around. When the patients are able to pay, as aforesaid, special nurses are called from the outside to care for them. If they are unable to pay for such nurses, the hospital provides group nurses to take care of them, free of charge.

Occasionally a special nurse will care for two patients who have the same disease, or two operatives, and each patient will pay \$4 a day to the nurse, making a total of \$8 a day. A special nurse is not allowed to care for two patients if one or both are very sick or need a great deal of care.

We expect to manage this group nursing on a plan more advantageous to the patients and hospital when we get into our new building, as we shall have smaller wards, two-bed and three-bed rooms, and the patients will be grouped more readily.

The Romance of Medical Research¹

BY KONRAD E. BIRKHAUG, M.Sc., M.D.

(Continued from the February "Journal")

THE studies and discoveries made by Pasteur and Koch gave an impetus to bacteriological research that remains unparalleled in the history of medicine. In rapid succession followed the startling discoveries of the diphtheria bacillus by Klebbs and Loeffler in 1884, of diphtheria toxin by two of Pasteur's beloved pupils, Roux and Yersin, in 1889, and finally, of diphtheria antitoxin by Behring, in 1893. The result of the antitoxin treatment in diphtheria partakes of the marvellous. In 1895, statistics inform us that 150 per 100,000 population died from diphtheria, while today our records show that about 20 per 100,000 population succumb to the toxic effect of diphtheria. The influence of diphtheria antitoxin on the mortality and morbidity due to diphtheria does not end with the saving of the patient infected with this disease. Diphtheria antitoxin, given to persons immediately exposed to the disease, renders them immune against diphtheria for at least ten days. In 1913, Schick discovered a simple clinical skin test by which persons susceptible to an attack of diphtheria can easily be detected. With the Schick test as a guide, William Hallock Park, director of the Bureau of Laboratories of the Department of Health, New York City, and his coworkers, especially the late Zingher, made a tremendously important contribution to preventive medicine by popularizing diphtheria prevention by means of diphtheria

toxin-antitoxin injections, at least in the United States. Recent data on the effect of the toxin-antitoxin immunizations against diphtheria in the city of New York show that the diphtheria cases resulting within a definite period of observation were 14 in 90,000 treated children, as against 56 in 90,000 untreated children. Because of these startling discoveries "we possess a more complete knowledge of diphtheria and a more complete power over diphtheria than in the case of any other communicable disease. We can detect the incipient case and the carrier. We can measure natural immunity by the Schick test. We can produce passive immunity by the use of antitoxin. Every weapon which would be needed to fight this enemy is in our hands, yet diphtheria continues to occupy third place among the communicable diseases and kills eleven or twelve thousand persons in the registration area each year." In spite of the negligence of physicians, public health authorities, educators, and lawmakers in ridding our communities of diphtheria, yet, we feel in harmony with R. A. Gregory, when he states in his revealing book, "Discovery":

If there were reason for boasting in the sphere of medical science, the array of brilliant discoveries which has brought about this result (the conquest of diphtheria) might be quoted with pride as conquests for humanity, won by much toil in the face of great difficulties.

Following close upon the conquest of diphtheria came the good news that Yersin and Kitasato, in 1894, independently of each other, had discovered

¹ An address to the New York State organizations of nurses at their twenty-sixth annual meeting, Rochester, N. Y., October 27, 1927.

the bacillus that causes bubonic plague, more popularly known as the "Black Death." No more terrifying chapter in the history of medicine was ever recorded than that of the great plague in the days of Justinian in the sixth century. Among the most disastrous epidemics of Europe in the middle ages, the plague was the worst; it is known to have destroyed about one-fourth of the European population in the fourteenth century, alone. The cause of the plague was found to be the *bacillus pestis* which occurs in the blood, in various organs in the body and in the sputum of patients struck with this scourge. Yersin and Kitasato found that the bubonic plague in man is almost entirely dependent on the disease in the rat and that the disease is usually transmitted from rat to rat, and from rat to man, solely by means of the rat flea. By wholesale extermination of rats, particularly in our seaports, the chain of infection is broken, and today one hears only of sporadic cases of this formerly dreaded "pestilence that walketh in darkness."

The heroic efforts of a large group of scientific men who worked, suffered and died in the tropics, in order to break the thralldom of malaria, will forever remain an inspiration to the student of tropical medicine. It was my good fortune to be present in London, a year ago, at the opening of the Ross Institute of Preventive Medicine. This dedication service was more than a richly earned tribute to a great man. It was a tribute also to a great principle—the fundamental principle in modern medicine, that prevention is better than cure. Sir Ronald Ross, after the most exacting and exhaustive labor, was finally able to trace in the body of the female mosquito (*Anopheles maculipennis*) the various stages of development of the

parasite causing malaria. By numerous experiments Ross discovered that the female anopheles mosquito was not only the intermediate host of the protozoa-like malarial parasite, but also the sole source of natural infection and that man could only contract malaria by being bitten by an infected female anopheles mosquito. This led to the discovery that by exterminating the anopheles mosquito, there could be no transmission of malarial parasites to man; or by screening the houses in malarial districts, the mosquito could have no access to infect man with the malarial parasites. It was an historic event to hear the Prince of Wales declare, at the opening of the Ross Institute of Preventive Medicine:

I can think of no other single discovery in recent times which will earn the deep gratitude of so many thousands of human beings of all nationalities as the discovery, made in India by Major Ronald Ross, as he was then, on August 28, 1897.

And the Prince proceeded to quote that well-known appreciation:

It is not too much to say that Sir Ronald Ross has made one-third of the world inhabitable.

Other speakers on this occasion made the safe statement that the combined labors of Manson, Ross, Bruce, Leishman, Gorgas, Castellani, Rogers, Grassi, Bastianelli, Bignami, Stephens, Christophers, Laveran, Golgi, Leiper, and other colleagues who worked, suffered, and died in the tropics, have been instrumental in effecting an annual saving of life and of suffering equal to the entire toll of the Great War.

While Sir Ronald Ross and his colleagues labored abroad, sturdy pioneers elsewhere in Europe were trying to secure a pure drinking-water supply and decent drainage conditions,

in order to safeguard the rapidly growing cities against epidemics of infectious diseases transmitted through drinking water. Their initial fight against stubborn public inertia and even against open hostility from large populations remains a gloomy mystery to the modern student of public health and hygiene. But little by little the public good will was won and today, as a result, typhoid fever has all but disappeared, and cholera is only encountered in countries where the light of civilization has as yet not been allowed to penetrate.

One of the greatest conquests in the realms of preventive medicine was accomplished by a small group of American physicians who, risking their lives by entering upon a field study of yellow fever in Cuba, discovered that whatever the cause of this ravaging pestilence is, it is definitely transmitted to man by the female mosquito, *Stegomyia fasciata*. The fight against yellow fever began in earnest when, in 1900, the president of the United States appointed a commission of four American army surgeons, Reed, Carroll, Agramonte and Lazear, to carry out investigations in the island of Cuba, with the object of discovering the cause of this disastrous scourge. It is almost needless to repeat an already well known fact, that for four centuries the narrow Isthmus of Panama was regarded as "the white man's grave," and that before the work on the Panama Canal was abandoned by the French, one human life had been sacrificed for every cubic yard of excavated soil. Believing that the mosquito, *Stegomyia fasciata*, was the insect carrier of the parasite causing yellow fever, Dr. Lazear allowed himself to be bitten by an infected mosquito. Five days later he was stricken with typical yellow fever and died, after a violent

and short illness. The official record of his heroic sacrifice reads:

With more than the courage and devotion of the soldier, he risked and lost his life to show how a fearful pestilence is communicated and how its ravages may be prevented.

One cannot pass hastily over the heroism of the young United States Army soldiers, Kissenger and Moran, who voluntarily and without any compensation submitted themselves to be experimented upon in the sole interest of humanity and of science.

The one condition on which we volunteer, sir,

said these two brave soldiers to Dr. Walter Reed,

is that we get no compensation for it.

And it is said that the face of Dr. Reed lost its usual sternness and with a smile he lifted his hand to his cap and said:

Gentlemen, I salute you!

With the discovery that the mosquito transmitted the unknown cause of yellow fever—even today the cause still remains a mystery—preventive measures were immediately enforced for the screening of living quarters of human beings, and the extermination of the transmitting species of the *stegomyia* mosquitoes. And today the scourge which terrified the inhabitants of the West Indies every year in the old days has entirely vanished as the result of establishing regulations dealing with the breeding-places of mosquitoes. Action founded upon the word of science has converted into health resorts districts in which formerly a European could scarcely hope to survive.

The romance in medical research is almost replete in the many exciting achievements of perhaps the greatest bacteriologist in the United States, Theobald Smith, our American Louis Pasteur. Enumeration of his many contributions to the increase of our

bacteriological and pathological knowledge is not within the scope of this address. His name will always be hallowed for his discovery that Texas fever is transmitted to cattle by ticks infected with a parasite called *piroplasma*. By eradicating the tick, Texas fever is fast disappearing from the face of the earth and this scourge, dreaded by all cattle raisers, has today lost its sting. By a simple process of dipping cattle in an oil-bath, the ticks die from suffocation, and by burning the fields of grass where previously infected cattle have grazed, Texas fever remains a conquered disease.

Aided by the discovery of Theobald Smith that arthropods could transmit infectious disease to cattle, David Bruce, in the heart of southern Africa, trailed the Tsetse fly and found that it transmitted to man *Trypanosoma gambiense*, the parasite causing sleeping sickness. In the wake of this discovery followed measures of prophylaxis against this horrible disease. This was accomplished by depopulating infected fly belts and by moving the inhabitants to fly-free districts where proper medical care would prevent further dissemination of this disease. At these stations the inhabitants receive arsenicals early in the disease and thousands of otherwise doomed lives have been saved by the increased knowledge about sleeping sickness.

It has been said that the greatest discoveries in medicine have already been accomplished and that only minor tasks confront the modern investigator—a most curious and fallacious statement in view of the fact that little is known about the specific cause of cancer, infantile paralysis, pernicious anemia, rheumatic fever, influenza, colds, measles, and numberless disease entities which confound

the physician as well as the research worker. In attempts to unravel the cause of these unknown diseases, many a sincere investigator has shared the soul-rending agony expressed in the pleading lines of Sir Ronald Ross, written at Bangalore, India, as he was laboring incessantly on the cause of malaria:

In this, O Nature, yield, I pray, to me.

I pace and pace, and think and think, and take

The fever'd hands, and note down all I see,

That some dim distant light may haply break.

The painful faces ask, can we not cure?

We answer, No, not yet; we seek the laws.

O God, reveal thro' all this thing obscure

The unseen, small, but million-murdering cause.

Within the last five years it has been the good fortune of a small group of American physicians to unravel the mystery surrounding the specific cause of scarlet fever. Notable in this group are Doctors George and Gladys Dick, husband and wife, who in 1923 were the first investigators to produce experimental scarlet fever by swabbing the throats of volunteers with living cultures of *Streptococcus scarlatinae*. This organism is usually isolated from the throat of scarlet fever patients. The following year, these investigators discovered a skin test for the detection of persons susceptible to an attack of scarlet fever, based upon the same principle earlier discovered by Dr. Schick and applied to diphtheria. Shortly followed the development of scarlet fever antitoxin, which has been found to be as effective in curing scarlet fever as diphtheria antitoxin has been in the treatment of diphtheria. With the Dick test for susceptibility to scarlet fever as a guide, prevention of this disease seemed to be accomplished by immunizing Dick positive individuals with scarlet fever toxin.

Equally distinguished with Doctors George and Gladys Dick, for his work on the specific cause of scarlet fever and the development of a potent scarlet fever antitoxin, is Dr. Alphonse Dochez, professor of medicine at Columbia University. Worthy of mention is also a small group of earnest investigators of the scarlet fever problem; namely, Doctors Blake, Trask, Lynch and Davies, at Yale University. Their extensive studies on the therapeutic value of the scarlet fever antitoxin, particularly when it is administered early in the disease, have thoroughly convinced the medical world that the results of this specific treatment in scarlet fever are commensurate with the beneficent effect of diphtheria antitoxin in diphtheria. It is also of great interest to know that all these workers in scarlet fever have subjected themselves for months and years to repeated injections of scarlet fever toxin and antitoxin in order to develop methods for the production of the most potent biological products, not only to be employed in the cure of scarlet fever, but also for the prevention of this dreaded infectious disease. It was my personal privilege to be one of the first American physicians to employ scarlet fever antitoxin in cases of scarlet fever. The thrills experienced by seeing moribund children rapidly restored from a state of extreme toxemia to a hopeful state of convalescence by means of scarlet fever antitoxin, are memories one doesn't easily forget.

The long struggle of medical scientists to find the cause of scarlet fever seems definitely ended. The experimental production of scarlet fever with the *Streptococcus scarlatinae* in volunteers certainly gave the death knell to this dangerously infectious disease. This fact, linked with the results obtained with the Dick test,

scarlet fever antitoxin and active immunization against scarlet fever with the Dick toxin, constitute, perhaps, the most outstanding contribution to medicine within the last three years. That American investigators accomplished the conquest of scarlet fever is a fact of which we are mighty proud. International trials with the scarlet fever antitoxin, the Dick test, and measures for prevention of scarlet fever, are in agreement with the beneficent results obtained in this country. Certainly, a just reward has come to the men and women who devotedly expended their energies on this problem and brought it to such a successful termination.

In looking back across the time, thought and labor devoted to the problem of erysipelas during the past three years, I am at once mindful of a pertinent paragraph written by Professor L. C. Miall, wherein he states:

The old French anatomist, Méry, said of himself and his colleagues that they were like the ragpickers of Paris, who knew every street and alley, but had no notion of what went on in the houses. The accumulation of miscellaneous knowledge of useful things, copious, inexact, inapplicable, may, like ragpicking, leave us ignorant of the world in which we live. Let us try to reach the inner life of something, great or small. The truly useful knowledge is mastery. Mastery does not come by listening while somebody explains; it is the reward of effort. Effort, again, is inspired by interest and sense of duty. Interest alone may tire too quickly; sense of duty alone may grow formal and unintelligent. Mastery comes by attending long to a particular thing—by inquiring, by looking hard at things, by handling and doing, by contriving and trying, by forming good habits of work and especially the habit of distinguishing between the things that signify and those that do not."

In the midst of the pleasant studies of scarlet fever specific therapy in the fall of 1924, an unusually severe case of erysipelas brought to attention the

helplessness of physicians in general to cope with the disease. The unfortunate victim was one of my instructors. In spite of surgical intervention and the application of all manner of treatment, local and general, the ominous outlook made a profound impression on me. An opportunity soon presented itself to study on this disease, through the kindness of Dr. Warfield T. Longcope, chief of the Medical Department of the Johns Hopkins Hospital, and Dr. Harold L. Amoss, of the Biological Division of the Johns Hopkins Hospital. With the usual generous and sympathetic assistance of the professors at the Johns Hopkins University toward the younger staff members, it was quite easy to adopt the methods developed during our recent scarlet fever investigation to the problem of erysipelas.

When men are striving for the discovery of truth in its various manifestations,

said Asaph Hall,

they learn that it is by correcting the mistakes of preceding investigators that progress is made, and they have charity for criticism.

In reviewing the subject of erysipelas, one immediately discovers that a formidable literature has accumulated on this particular disease. As early as 460 B. C., Hippocrates had described cases of erysipelas with a minute accuracy which compares favorably with modern descriptions of this at times formidable and dangerous disease. Hippocrates attributed the causation of erysipelas to atmospheric and telluric changes, which caused certain poisonous substances to circulate in the blood. That erysipelas was thought to be a seasonal disease is gathered from the following sentence:

Early in the spring, at the same time as the cold snaps which occurred, were many malignant cases of erysipelas.

It is also interesting to note that the modern conception of the cause of erysipelas was originated by Hippocrates:

Many were attacked by the erysipelas all over the body when the exciting cause was a trivial accident, or a very small wound, especially when the patients were about 60 years old and the wound was in the head, however little the neglect might have been.

It remained for Galen (130-210 A. D.) to clearly differentiate between erysipelas and other inflammations of the skin, associated with fever and toxemia. It is interesting that Galen attributed the causation of erysipelas to

an acrid, sharp humor, which is commonly bilious, and which is diffused through the mass of blood to the diseased parts of the body.

Like any tradition established by an acknowledged authority, it takes more than cold facts to uproot it from the memory of man. It is therefore not surprising to find that as late as the eighteenth century, a physician named Heister (1770), still adhered to the dictum of Hippocrates and Galen that erysipelas is caused by atmospheric and telluric changes which render the bile acrid and diffuses through the blood to certain parts of the body where the poison produces inflammation of the skin with fever and toxemia. There were numerous other men who suggested that erysipelas was caused by "the evil eye," "the hand of Satan," by excessive indulgence in the more furious passions, particularly in seasons when the horoscope indicated unfavorable motions and conjunctions of the seven planets. More desperate descriptions are found of witchcraft in association with erysipelas, when the unfortunate victims of this malady were not only hanged, but also drowned partially, or

completely, and eventually burned at the stake.

It was not until 1840 that Henle called attention to the contagious nature of erysipelas. This physician brilliantly suggested that the disease might be due to some plant form of such minute size that it could not be detected in the infected tissue with the naked eye.

However, it remained for Fehleisen in 1881 to discover that erysipelas was caused by a streptococcus, which invariably was present in the skin affected by the erysipelas lesion. He named this organism "*Streptococcus erysipelatis*." Scientific enthusiasm and devotion to patients led Fehleisen slightly astray from the path which might have directed him toward the specific treatment of erysipelas by means of a *Streptococcus erysipelatis* antitoxin. Instead, he was bold enough to suggest to his colleagues that if patients with cancer of the breast, face, or elsewhere on the surface of the body were given erysipelas in the cancerous area, in due time when the erysipelas lesion had cleared up, the cancer would likewise have disappeared. This ray of light offered to a hopeful world of cancer victims was short-lived, since this method was tacitly discontinued.

A small group of investigators from time to time attempted to shed new light on the erysipelas problem and many of these investigations reaffirmed Fehleisen's studies with the *Streptococcus erysipelatis*, although a few workers denied that the streptococcus was the only microorganism that could give rise to erysipelas. Dr. Ruth Tunnicliff, at the McCormick Institute for Infectious Diseases in Chicago, came closest to the discovery that among a large group of morphologically similar streptococci, a specific type must cause erysipelas, different from the scarlet

fever streptococcus and other types of streptococci. Unfortunately she missed the mark by leaving the problem at that stage. Doctors Rivers and Tillett, at the Rockefeller Institute, in New York, went one step farther than Dr. Tunnicliff by producing in rabbits typical erysipelas lesions with the *Streptococcus erysipelatis*, as Fehleisen had demonstrated in 1881, but their signal contribution was the demonstration that the serum of a rabbit immunized against the *Streptococcus erysipelatis* would protect another rabbit against infection with this streptococcus.

Guided by the studies of numerous predecessors, it was my good fortune to demonstrate, in February, 1925, that more than 90 per cent of all strains of streptococci isolated from erysipelas lesions were identical, whether the organism was isolated from a patient in San Francisco or in Baltimore. Shortly afterwards I was able to demonstrate in the skin of rabbits that the immune serum produced against the *Streptococcus erysipelatis* would protect only against erysipelas produced in the experimental animal and not against infections produced with the streptococcus isolated from scarlet fever, tonsillitis, and other infections. In November, 1925, I stated, in one publication:

Intradermal, intravenous and intramuscular injections of large doses of immune erysipelas serum in cases of erysipelas seem to offer promise for the specific treatment of the disease.

In December, 1925, the first announcement was made that I had been able to isolate a potent toxin produced by the *Erysipelas streptococcus*, similar in every respect with the toxin circulating in the blood of erysipelas patients during the acute toxemic state of the disease. The most significant observation made at that time

was that in the course of convalescence from an acute attack of erysipelas, the toxin disappeared from the patient's blood and urine, and that a powerful antitoxin had been produced in the body in response to the insult evoked by the poisonous substances thrown off by the living *Streptococcus erysipelas*. Whereas the patient's blood serum at the height of illness contained enough toxin to produce a strong reaction when injected into the skin of susceptible persons, during convalescence this substance was now lost. The resultant antitoxin, when it was mixed with the erysipelas

munize a donkey, named "Jeannette," for the production of large quantities of antitoxin to be employed in human cases of erysipelas.

Translation of experimental studies from the laboratory animal to man necessitates a great many studies on volunteers before the drug is eventually employed in patients. Having carefully tested the donkey erysipelas antitoxin and found it to possess marked antitoxic and antibacterial substances, it was at last ready for use in man.

The picture of the very first therapeutic trial of the erysipelas antitoxin remains vividly in my mind. The patient was an Italian woman, aged 55, who had been severely ill with facial erysipelas for four days. When I saw the patient for the first time, she was delirious, the entire face, scalp and neck were greatly swollen and purplish red. Several large blebs had formed on both ears; both eyes were closed by the edema of the eyelids. The temperature was 104.6 and the pulse was 148. She was a very sick woman!

Much against our wishes, I succumbed to the pleadings of her family physician, and injected 100 c.c. of the erysipelas antitoxin intramuscularly at about 2.30 p. m. During the following twelve hours I remained seated by the bedside. At 12 o'clock, midnight, nine hours and a half after the injection of the antitoxin, the temperature had dropped consistently until it reached 101.4. The purplish red discoloration of the erysipelas lesion was much less angry. The lesion had not extended and the patient was sleeping quietly. The next morning the temperature slowly began to climb and redness of the lesion deepened. We hastened to inject 50 c.c. of antitoxin. Twelve hours later the temperature was 98.4



DR. BIRKHAUG AND JEANNETTE

Jeannette is the world's first *Streptococcus erysipelas* antitoxin donkey

toxin, would completely neutralize the poisonous effect of the toxin. In other words, our next step was clearly indicated and we set about to im-

and the pulse 96. The patient was talkative and comfortable; the facial lesion had almost completely disappeared, leaving the skin very dry and cracked; only a small red spot was noted on the left ear. The patient remained well and developed no complications.

Encouraged by this almost startling result, the erysipelas antitoxin was employed in almost every case of the disease which occurred in Rochester during the winter and spring of 1925-26. Clinical trials in more than sixty moderately severe cases convinced us that intramuscular injection of erysipelas antitoxin in amounts of 100 c.c. of the unconcentrated and from 15 to 20 c.c. of the concentrated antitoxin, when administered during the first three days of the disease, causes a prompt amelioration of toxic depression, a critical fall in temperature and pulse rate, prompt fading of the erysipelatous lesion, and a rapid absorption of the blebs and edema within the affected parts.

That our hopes have been fulfilled and our labors not in vain in this absorbing study of developing a specific antitoxin for the cure of erysipelas is evidenced by a recent gratifying publication by Doctors Douglas Symmers and Kenneth M. Lewis, of the Bellevue Hospital, in New York, an institution which maintains, perhaps, the largest and most active erysipelas service in the world, where they are now using the erysipelas antitoxin treatment to the exclusion of all other methods. These authors make the following conclusions:

The antitoxin treatment of erysipelas marks an advance, the results of which are commensurate with those obtained in the treatment of diphtheria. As far as the immediate attack is concerned, erysipelas is now a vanquished disease. Moreover, the antitoxin method confers enormous economic benefit on both patient and hospital, the patient's period of

disability being reduced by slightly more than 50 per cent. At the same time it permits reduction in the personnel of the nursing staff to the extent of about 60 per cent and effects a notable saving of bed linen and sleeping garments by doing away with the destructive effects of ointments and similar local applications.

Unlike scarlet fever and measles, an attack of erysipelas leaves the patient with little or no permanent immunity against recurrent attacks. Such repeated attacks usually increase in severity with each successive attack and the unfortunate victims of this indisposition are ill at ease and continually anxious. Some individuals sustain repeated attacks as often as every sixth week, each attack lasting about eight days. Following the methods developed for the prevention of diphtheria and scarlet fever, such persons can be rendered actively immune against recurrent attacks of erysipelas by three to five subcutaneous injections of the toxin produced by the *Streptococcus erysipelatis*. Up to the present moment this active state of resistance has persisted more than two years. It is possible to test these individuals from time to time with a skin test of the toxin in order to determine the persistence of immunity. Repeated injections of the toxin will render these persons secure indefinitely.

The gratitude of these individuals is best expressed by a physician who, previous to immunization, sustained four to five attacks annually for the past five years:

As I am now in my sixty-fifth year and I couldn't stand many more such severe attacks, I am inexpressibly fearless and at rest.

Gratifying as it has been to mingle one's own romance in medical research with those of the host of hunters after truth who now belong to all the ages, one never rests at peace with himself

as long as still higher peaks are seen in the distant sky. It is the eternal wanderlust that fills one's soul and inspires one to pierce the walls of unborn Time. The valleys have lost their former charm. Having tasted the rarified and exhilarating air of the high places, the prayer of hunters after truth is that of the youthful poet, Leigh Buckner Hanes:

God give me mountains
With hills at their knees,
Mountains too high
For the flutter of trees;
Mountains that know
The dark valleys of death,
That have kissed a pale star
And felt its last breath;
And still lift the dawn
In a golden rimmed cup—
God give me mountains,
And strength to climb up!



Solution for Removing Nitrate of Silver Spots

APPLY a solution of 5 grams of bichloride of mercury, 5 grams of ammonium chloride, and 40 mls of distilled water to the spots with a cloth, then rub. This removes almost instantly even old stains on linen, cotton or wool. Stains on the skin, thus treated, become whitish yellow and soon disappear.—From *Navy Hospital Corps Quarterly*.



The Way To Conquer

LIFE seems too much for you, too great a burden and too great a task; and yet if you are patient, brave and cheerful, by and by you will find that you have conquered life and are its lord. It seems to beat you down with every blow; but at last there you stand, with your feet upon it, and you are victor over it and have gained out of it that which God gives to souls that do conquer life—character and strength and faith and love, and the wish to help and the power to help your brethren; to teach the souls that are being beaten and bruised and conquered by life the way to con-

quer it and compel it to give them the tokens of liberty.—PHILLIPS BROOKS.



Private Nursing

AS an editorial writer in the *Nursing Times*, of England, sees it:

Few branches of our profession stand in greater need of the strength derived from unity than private nursing; yet, more than any other, by its very nature, it seems to defeat many efforts for its advance and coöperation.

It is not always realized that by far the largest number of fully trained nurses are occupied in private nursing; thus they have the power of creating, to an overwhelming extent, public opinion of the whole profession. If only for this reason they, more than any of their colleagues, need all the support and fellowship the profession can give them, although the best means of strengthening their position is a difficult problem, to be solved only with their sympathetic support. . . .

All nursing, whether in hospital or home, calls for courage, skill and vision; but teamwork with special reference to these qualities is easier within the hospital where we receive, unconsciously, stimulation from each other, than for the private nurse who, as an isolated unit, has to face new surroundings, new doctors, and new ethical situations for which she is often ill-equipped. And while, so far as professional knowledge is concerned, the two—institution and private nurse—are on common ground, the conditions under which the private nurse applies her knowledge are so variable, and often of such peculiar difficulty, that she does in reality need the finest qualifications and equipment to face them successfully.

Our training schools today are turning out—as fully qualified—hundreds of nurses for this special field of work; but how many have included in this training, any special lectures to enable their nurses to face the peculiar difficulties they are to encounter? A short course of lectures given by an expert would be helpful, and we should like to feel it was included in every hospital curriculum.

Even so, the fact remains that until we can feel within our profession a real sense of organization among private nurses, neither their work, status nor conditions can improve. The matter calls for free and open discussion—at present they are silent—and we hope the subject will occupy a prominent position in forthcoming meetings of College members throughout the country.

The Practice of Anesthesia

BY MARGARET GALT BOISE, R.N.

ANESTHESIA has undergone many changes since 1844, at which time it was first demonstrated in a surgical clinic. The period of time since 1844 may be divided into three eras, according to the type of anesthesia used and also according to the coincident changes in surgery.

Before 1844, surgery was resorted to only as an extreme measure, and it was both crude and brutal. Patients who were faced with the need of an operation before the discovery of anesthesia, could not be induced to submit to this torture, unless death were the alternative. Thus, during its first era, narcosis could be brutal and hazardous, and still be a boon to the surgical patient. At the beginning of this period operations were performed in haste and with a wholesome dread of the anesthetic. Gradually, however, with increasing comprehension of anatomy and with asepsis, more difficult operations were undertaken, which necessitated improved anesthetic methods. The surgeon required profound anesthesia for good exposure in the wound. This was the beginning of the second era, in which complete relaxation was the aim, a condition in which the surgeon could work unhampered by reflexes and rigid muscles. Operations were performed carefully and slowly with good asepsis and with tactile and visual surety. But during this period, more often than during either of the other two, the operation was successful, but the patient died. There appears to have been a lack of regard for the causes of shock. When it was realized that the anesthetic drug was a contributing factor in producing post-operative complications and prolonged recoveries, a third period in anesthesia

began, the period in which we find ourselves today. The surgical patient today demands skillful anesthesia, with a comfortable induction and an absence of complications. Much progress must be made before this ideal may be reached in every case.

Fifteen years ago all surgical patients were treated alike; they were suffocated into unconsciousness and were held in profound anesthesia until the dressing was in place. After the operation was completed, they slept from six to eight hours. Nausea and vomiting occurred in most cases and shock was not unusual. Anesthetic fatalities were not rare occurrences.

I shall record briefly the procedure as carried out in most hospitals today. The anesthetist must be fully informed as to the physical condition of each patient she anesthetizes. The doctor's report on his examination of the operative case should include blood-pressure readings, hemoglobin estimation and urinalysis. Previous surgical procedures, recent colds, shortness of breath and habits of life should be noted in the history. If there is evidence of any condition which makes anesthesia difficult or hazardous, the anesthetist must familiarize herself with the gravity of the risk. If the patient is aware of his defect or weakness, he will need greater encouragement than does the normal case. The presence of fear would increase the danger in operating.

The day of preoperative drastic purgation is passed and today little is done to weaken the patient physically; if his morale be kept up by a good night's sleep and a small dose of morphia before leaving his room for the operating room, conditions are favorable for a good narcosis.

On reaching the surgical floor it is essential that everything concerning the patient proceed quietly and systematically. The room to which he is taken must be quiet, and not a thoroughfare. It is better that he be left alone while waiting, than disturbed by many needless intrusions. The anesthetist should avail herself of the first opportunity to make herself known to the patient. It is in those moments that her knowledge of human nature is invaluable, for if she secures his confidence in her guardianship, she need not worry about subsequent delays.

Better results may be obtained by placing the patient on the table before starting the anesthetic than by lifting him from the stretcher to the table while asleep. Whatever position is indicated for the operation, should be assumed before inducing anesthesia. It must be borne in mind that a posture which is uncomfortable to a patient while conscious, is likely to cause an ether-back or aching muscles after operation. A good exposure may shorten the time of operation and facilitate the procedure, but it should be obtained with the least possible strain or pressure. In the dorsal position, a small pillow should be placed under the patient's back and another under his knees. As many pillows as desired by the patient should be placed under his head and gently withdrawn as unconsciousness takes place. When a pad under the shoulders facilitates an operation on the neck, pillows may be built up above it under the head, so that while awake the patient is unaware of its presence. The same procedure is recommended with the use of the gall-bladder bag. Cotton pads and small pillows judiciously placed will act as a protection against bruising and nerve injuries in the lateral and prone positions.

When the administration of the anesthetic is to begin, each step in the process should be explained, so that the patient is prepared. No restraint should be used until unconsciousness is established. Needless to say, there should be one or two persons present beside the anesthetist during the induction to hold the patient should he struggle. Few of those who have confidence in the surgeon and anesthetist, to whom restraint has not been suggested, resist either while conscious or semi-conscious. This applies to all types of cases and anesthetics.

A fight during the induction may be considered a failure in the psychology of anesthesia, or it has occurred as a result of faulty technic at some point. Thus sudden unexplained noises suffice to stimulate the fading consciousness to incoördinate action.

There are three stages in the administration of an anesthetic, whatever drug is used. The first stage is the induction, the second maintenance and the third recovery. It is during the induction that the greatest skill is required, maintenance being, as the word implies, the continuance of the degree of anesthesia obtained, and recovery, a retrogression of signs arising during the induction, brought about by discontinuing the administration of the narcotic.

The maintenance of surgical anesthesia is simple, if the induction has been skillfully performed. There is a rule for the induction which holds good for every drug: its administration must be no faster than can be endured by the patient without sensations of choking. Infants and very young children, alone, must be forced to inhale vapor that is irritating to their sensitive membranes. It does not prolong the induction to proceed slowly at first. The state of resistance with rigidity, set up as a result

of being forced to inhale a choking mixture, militates against rapid relaxation and a quiet maintenance. Whatever is the exact effect of anesthetics, we are forced to realize that it requires more of the drug to relax a contracted muscle, than it does to secure immobility in a muscle which is already relaxed. Where spasm and cyanosis during the early induction are frequent, this rule has most certainly not been observed. The command to the patient to take a few deep breaths and the effort on the part of the anesthetist giving the command to force as much of the drug as possible into the lungs during these deep breaths, have given rise to locked jaws and the vicious circle so often described. The anesthetist must know how to combat this condition, for fatalities have been known to occur at this period in the administration. It results as follows: When the anesthetic is pushed too fast at the beginning, the strong vapor irritates the nose, throat and bronchi, causing an excess of mucus and engorgement of the mucous membranes. This in turn impedes free breathing and cyanosis results. Rigidity rapidly ensues and we are confronted by the vicious circle. Until the jaws relax, air will not be admitted to the lungs and until cyanosis is relieved, the jaws will be fixed. A simple method to relieve the situation consists in slipping into the nostrils down to the naso-pharynx, catheters of a size that may be easily introduced. The respiratory center, which has been stimulated by the accumulation of carbon dioxide, avails itself rapidly of an air-way, breathing is reestablished, cyanosis disappears and the jaw relaxes.

The stage of induction ends at the moment the anesthesia reaches sufficient depth for the surgeon to make

the incision. An ideal anesthetic is one which does not vary from this depth throughout the maintenance. It must, however, be remembered that not alone the strength of the anesthetic mixture influences the degree of anesthesia obtained. With increased stimulation, the same amount of the drug produces a lower level of anesthesia. It would be simple to carry the induction to a depth that would allow response to no stimuli whatsoever, from skin-incision to complete closure; the patient would be unnecessarily drugged and the consequences possibly serious. The anesthetist must anticipate the steps of the operation and prepare for the procedures causing the severest reactions with stronger mixtures.

Surgeons differ in regard to the depth of anesthesia required for operation. The anesthetist who does not try to meet their requirements with the smallest amount of the anesthetic, is not playing fair with the patient.

Recovery, or the discontinuance of the anesthesia, should be timed so that the completion of the operation and the return to semi-consciousness occur simultaneously.

Throughout the operation the anesthetist must be thoroughly aware of the patient's condition. She must use good judgment in reporting changes and in handling emergencies and she must be willing to admit her errors. There is something to be learned from each anesthetic. The most commonplace operations may afford the anesthetist a new experience.

The return to consciousness constitutes another occasion for the consideration of the patient's viewpoint. It is not always possible for the anesthetist to be present at this time, but if she is not able to be, she should impress the watcher at the

bedside with the fact that the question uppermost in the mind of the patient usually concerns the outcome of the operation. Even if the patient should not ask, the attendant should reiterate the fact that the operation has been successfully completed. Fear and anxiety will be dispelled and often the patient will breathe a sigh of relief and go to sleep. With the safe return of her patient to a warm bed, the anesthetist's duties cease, but her interest in each case should outlast this period. After three days of uneventful progress toward recovery, there is little danger of post-anesthetic complications.

In the modern surgical clinic the three drugs most commonly used to produce anesthesia are ether, nitrous oxide and ethylene. Should I comment on the comparative advantages and disadvantages of these three narcotics, I should be giving the results of my personal experience, which might be contradictory to impressions formed by anesthetists with as long a record in anesthesia as mine. The facts that are indisputable are, that with ether the deepest narcotic state may be procured, which makes it indispensable in some operations; with ethylene greater relaxation prevails than with nitrous oxide. The two gases, ethylene and nitrous oxide, are eliminated by the lungs in the same form in which they were inhaled. Ether leaves a residue in the body which is eliminated slowly by the lungs, kidneys, skin and intestines.

The choice of the drug to be used rests with the surgeon; in the selection of the method the nurse-anesthetist is free to use the one with which she obtains the best results. With well trained anesthetists the method will vary according to the condition of the patient, the region of operation, and the requirements of the surgeon. No

one method can be universally satisfactory. No single apparatus is always ideal.

A course in anesthesia must enable the student to obtain satisfactory results with simple methods, before she is instructed in the use of complicated machines. She requires all the knowledge she has acquired in using the simple machines to enable her to use the modern apparatus with safety. A nurse who has learned the mechanism and manipulation of only one complicated machine would be as presuming in calling herself an anesthetist as would the builder in calling himself an architect.

The nearest approach to ideal anesthesia today seems to be obtained with ethylene used by an expert anesthetist with a scientific apparatus. The machine must be capable of delivering any mixture of gases accurately. It must be adjustable as to pressure and rebreathing and equipped with the means of artificially inflating the lungs with pure oxygen. Were ethylene not explosive, it would undoubtedly supplant all other narcotic drugs.



An Invitation to Midwifery Conference

"THE Secretary of the International Association of Accoucheuses, Prague, Czechoslovakia, invites herewith the dear colleagues in the United States to participate in the second independent international congress of accoucheuses which will take place in Vienna, Austria, on the 7th and 8th of April, 1928.

"The International Association of Accoucheuses unites the accoucheuses of all countries and has for purpose to study and dissolve the problems referring to the protection of motherhood and infants, as well as to take care for the development of the moral, social and intellectual position of the accoucheuses." (An excerpt from a letter from the Secretary of the Association.—Ed.)

Motion Pictures for Nurses

By J. F. MONTAGUE, M.D.

THE nursing and medical professions are so closely akin in their origin, organization and activities, that we are not at all surprised to find the problems of the two much the same. Chief among these problems is that of educating student nurses in as complete and sensibly systematic a manner as possible. Here, however, is the point at which difficulty arises. For *completeness* in these days is a large order and attempts to attain it, can readily result in astounding complications which not only defeat their own purpose but serve to confuse a student painfully. It seems, therefore, that those in charge of teaching should eagerly investigate any new device which will increase the absorption rate of the ever increasing mass of material labelled "essential." Such a device is the motion picture and happily the educators are slowly but surely being "educated" as to its value in the classroom. Soon much of the routine study will be pleasure, for none will deny that we all do feel a certain amount of pleasure in our ability to acquire learning, and this is indeed made easy by carefully planned motion picture films. Haven't we all watched the slow motion pictures of an athlete and felt that *now* we knew exactly *how* he did it; or viewed Lindbergh smilingly depart and for weeks after carried in our minds a picture of that historic event? All of which is mentioned merely to prove that the Chinese knew about other things than laundry when they said, many years ago, "One picture is worth a thousand words."

In view of the discussion current at present as to the possible value of motion pictures as a medium of instruction in nursing education, it

may be helpful to those contemplating the employment of this method to hear the report of one who has successfully used this method for over a period of years in medical education.

In 1925, I completed the construction of a series of motion pictures dealing with rectal diseases and their treatment. This series was built up from motion pictures of actual cases which had come under our observation over a period of eleven years at Bellevue Hospital and the University and Bellevue Hospital Medical College, in private practice, and elsewhere. While the presentation of an eleven-year clinic, such as this collection of pictures represents, would undoubtedly have been of interest to anyone studying rectal diseases, yet the fact remained that, although the material was all there, it needed editorial arrangement in precisely the same manner that the strips of film which represent the individual scenes of a motion picture story require much cutting and editing before they are finally offered to the public. The obvious step to be taken, therefore, was to group these various motion picture "shots" according to the disease they portrayed, and then to title them with descriptive matter. This was done, and when viewed they presented an interesting spectacle.

It was quite evident, however, that there was something lacking in the structure we were trying to build. Upon analyzing the situation, we concluded that, although it was all very well to show a series of diseased conditions such as was mentioned, yet from the standpoint of the student, treatment was the question paramount in his mind. Accordingly, we proceeded to make motion pictures of all the

surgical operations which rectal surgeons employ, such as hemorrhoidectomy, fistula operation, etc., as well as the various medical treatments, such as injection treatment of hemorrhoids and the non-surgical treatment of rectal stricture. When this immense amount of material had been accumulated, we naturally thought that our labors would be over and that we could settle down to the practical employment in teaching what had taken so much time and effort to gather. However, although the surgical operations or medical treatments were perfectly and clearly shown, and in a manner far superior to what could be viewed by a student observer at a clinic, yet the fact remained that the mind seemed to be looking for some additional help in understanding the exact process of the technic. The answer to this was found in the employment of animated cartoons or diagrams. By preceding an actual showing of the surgical operations with an animated diagram of what was to take place, the ideal appears to have been found.

At the present time our entire series of films aggregate about 55,000 feet, constituting a thoroughly organized and correlated fund of knowledge on the subject of rectal diseases which is made easily and instantly available to any medical student. Instead of being under the necessity, as heretofore, of lumbering from one clinic to another, seeing the cases that *happen* to come in, and in the meantime obtaining a very haphazard impression of widely varying clinical conditions, the student may now make an intensive and thorough study of each subject in the field of rectal diseases. Not only may he see the actual conditions, but he may also see the same case operated upon, dressed from day to day, and finally see the completely

cured case, all in the brief time required to show the motion pictures.

By means of an invention of the writer's, motion pictures of the interior of certain portions of the intestinal tract, such as the colon, have been taken and may be studied. By this I do not mean X-ray pictures, since they are only shadows cast by opaque material in the intestine. This has never been done heretofore, and furnishes the medical profession with a new means of observing the intestines, both in health and in disease.

Educational "movies" for nurse students can be made both interesting and instructive in just the same way that they have been made so for medical students. Nursing procedures can be shown, as performed on actual patients; they may be further explained by animated cartoons; apparatus may be exhibited and explained; anatomy demonstrated and physiology clarified. Selected cases of disease may be shown. All this and more may be done by motion pictures. I will not burden you with further details but just reflect a moment on the advantages of the suggestion; apparatus is cumbersome to handle and special apparatus not always available. However, once recorded on the film it is easily handled and instantly available. When demonstrating procedures, patients sometimes will not cooperate and then, too, if anything can possibly go wrong with the procedure, it always seems to reserve the very moment of demonstration for its embarrassing appearance. All this may be avoided in motion pictures because the film may be "cut" in such a way as to present only the correct version. If a student is slow to grasp, the pictures may be run two or more times. If an interesting phase is observed, the picture may be stopped

and started again as soon as it has been sufficiently observed.

Of course isolated films on nursing subjects do not constitute nursing education any more than a series of news reels constitute history. In order to make films of educational value they must either be carefully edited and arranged or else (and this is easier) they must be carefully planned so that when completed they make an orderly collection such as is reasonably expected in any course of study. Moreover, a suggestion which I have made elsewhere regarding the production of films on the basis of authoritative textbooks is equally applicable here.

Finally, it would appear highly desirable to establish and maintain a central bureau of films, such as I suggested to the medical profession under the title of "A Proposed Medical Film Foundation." The essence of this plan has since been used by the American College of Surgeons. Some other suggestions it contained are:

that a central endowed bureau make films based on accepted and recognized medical books. The selection of suitable books shall be arrived at by polling the entire medical public or in response to a sufficient number of written suggestions. This is essentially similar to the system used in Carnegie libraries. If there is a sufficient number of inquiries for a book, it is purchased. The "Medical Film Foundation" shall furnish to any recognized medical school, medical society, or responsible group of medical men, any of its films upon payment of a rental fee and transportation charges. The "Medical Film Foundation" shall furnish to any responsible group of laymen such medical pictures as are intended for lay use. The medical films made shall be directed by the author of the medical book being filmed or by some properly qualified doctor of medicine delegated by such author. The technical features of medical motion picture production shall be in charge of the technical staff of the "Medical Film Foundation."

In a parallel manner the American Nurses' Association or the National



An operation demonstrated by a motion picture. Note the ease with which the film may be cut at any desired point.

League of Nursing Education could offer supervision and help in the matter of producing worth-while films and then rendering them widely available.

This paper but briefly outlines the possibilities of the film in nursing education. These possibilities have, of course, not been entirely

unrecognized by the nursing profession as the very splendid work of A. R. Fisher, R.N., indicates. I am familiar with Mr. Fisher's excellent film on colon irrigation and to my mind it represents a big advance in the direction which nursing education must inevitably take.

The introduction of films will by no means remove the individual teacher

from the classroom but it surely will relieve her of the perennial drudgery which teaching monotonous fundamentals must be. With lightened heart the teacher may, in that pleasant future day, greet the new class of nurses with a sincere smile and as for the student nurses—well, they'll be happy to know that they are *on their way to the movies!*

A School of Nursing for Sisters

THE first anniversary of the only school of nursing in this country conducted exclusively for the training of nuns was celebrated with appropriate services in January. This school was organized under the guidance of Helen C. Sinclair, widely known for her administrative work, especially in mental nursing.

It is called "Our Lady Help of Christians" School of Nursing for the Sisters of the Poor of St. Francis and is conducted at St. Mary's Hospital, Cincinnati, because of the proximity of that city to the Provincial House in Hartwell. Sister Lucida, who graduated from the Miami Valley Hospital School before entering the order, is the Principal and is assisted by both Sisters and lay nurses.

St. Mary's Hospital is especially endeared to the hearts of the Sisters because their beloved Foundress, Mother Frances Schervier personally nursed, in this hospital, those so dear to her heart, the poorest of the poor. The annals relate that during the Civil War she went about the hospital as a ministering angel rendering services to the wounded soldiers. Mother Frances devoted her whole life to poor

suffering humanity and at present about twenty-five hundred Sisters perpetuate her manifold works of charity.

As the Sisters of the Poor of St. Francis conduct hospitals in Eastern, Central and Western states, the school should achieve a position of very real and widespread importance.



DO you keep your *Journals* for reference? If not, some other nurse, ill or unable just now to subscribe, would appreciate receiving your copy each month. If you would like to send yours on, regularly, communicate with the business office of the *Journal*, 19 West Main St., Rochester, N. Y.



A CORRECTION.—In the article "A History of Nursing Map" which appeared in the January *Journal*, several errors occurred. The first school of nursing established in Utah was that of St. Mark's, Salt Lake City. The hospital was opened in 1892 and the training school was established in 1894. The date for the establishment of this school is correctly given in the Accredited List of Schools of Nursing published by the American Nurses' Association. In Alabama, the first school was St. Vincent's, Birmingham, which graduated its first class in 1903. In Louisiana, the first school was the New Orleans Sanitarium, founded in 1888, which was taken over by the Presbyterian Hospital in 1912.

Nursing Education at the University of Washington

I

BY ELIZABETH S. SOULE, R.N.

THE Department of Nursing Education at the University of Washington, like Topsy, "just grewed." From a small pre-nursing course, it has grown to a recognized department in the College of Science. It has full academic standing and strong support from the faculty of that college. Since the organization of the entire university is departmental, and since a department has independent standing, it has been possible for nursing to attain the same rating as all other departments in the College of Science. The funds for it have always been provided by the University through regular channels. It is thus an outstanding example of the state assuming its responsibility in nursing education.

The policy of the department has been to expand gradually to meet the felt needs of the field of nursing. In other words, as the nurses of the state have asked for help, the department has tried to give them the service they desired.

The work started in 1917 as a pre-nursing course in the pre-medical department. The interest of the Dean of Women and the head of the Home Economics Department in vocational education was really the stimulus of an investigation which led to this small beginning.

A series of conferences was held between a few faculty members of the College of Science and the hospital superintendents of Seattle with the result that a pre-nursing curriculum on a three-year basis was worked out.

The first mention of this course was

in the catalogue for 1917-1918. There the requirements for entrance were outlined and a curriculum consisting largely of English and Science was mapped out followed by a list of subjects which the student should get in the hospital. At that time there was no nurse on the faculty and many of the early graduates have made the comment that they stayed in nursing in spite of the faculty rather than because of any encouragement they received. If they displayed any brilliance whatever, they were urged to go into some other field as they were told that there was no opening in nursing for them.

In 1918, as a war measure, the Washington Tuberculosis Association coöperated with the University in establishing a three-months' public health nursing course. There seemed to be such a need for the continuation of the work that it was made a regular course in the University and a qualified nurse as director became a regular faculty member on the extension staff. This course was continued until the opening quarter of 1920, when it was abandoned, to be reëstablished January, 1921, through the efforts of the State Public Health Nursing Organization.

At this time there was no organized department; nursing education not only was without honor, but there was an active antagonism on the part of the faculty members. Those who had originally promoted it at the University came to feel that it did not measure up to their standards. Thus, there were two outstanding tasks to

be accomplished by the new department: (1) Organization; (2) Proving that nursing education was worthy of University respect and that nurses as a whole were professional women of integrity and a fine purpose.

The work of organization was gradually brought about. All nursing activities, pre-nursing, public health, and home nursing were pulled together into the one department of nursing. The field work for public health students was organized with the coöperation of the City Health Department, Red Cross, the county, and city schools.

The instruction and practice in methods of social case work were given over to the Sociology Department.

During the period of organization the sympathetic coöperation of the President and other interested faculty members was of great value.

The work has developed until today it finds itself an integral part of the University; self-governing, except for general university rules; with its own budget, a department with full academic rating. It has in its curriculum a required course for all women in the University.

The eight major activities of the department are:

1. *Five-Year Nursing Course.* Three years of University work and two years of hospital. The courses are all standard courses in their respective departments. Thus a student may change her major without loss of time or, as frequently happens, a student may desire to change to nursing education. This course grants a Bachelor of Science degree. It is attracting a splendid type of girl and these students are the inspiration of the whole department as well as the hope of the future.

2. *Degree Course for Graduate Nurses.* An increasing number of

graduate nurses began applying for work in the department leading to a degree. A special curriculum was made up, the University granting one year of credit for graduation from a recognized school of nursing. It allows a very large number of electives. These are to be taken in the particular line which the student especially desires. For instance, if she wishes to teach, they may be taken in her subject matter and in education courses. If she desires to go into executive work, courses in management and administration may be taken. This leads to a Bachelor of Science degree.

3. *Public Health Course.* The public health course of nine months is open only to graduate nurses. It includes six months of theory and three months of practice with the field agencies. This course grants a certificate in public health nursing and all of the work taken in this course may apply toward a degree.

4. *The Work at Firland.* Firland is the municipal sanatorium and communicable disease hospital, having bed capacity of three hundred and fifty including one hundred beds for children and eighty beds for communicable disease. It maintains a staff of forty-five graduate nurses who remain for a period of two years. The University, through its Extension Department, provides classwork in Public Health Nursing, Psychology, Methods of Social Case Work, Nutrition, English, Tuberculosis, Communicable Disease and Preventive Medicine. The two years are followed by three months of field work under university supervision. This course enables a nurse to earn a full salary while she gets her public health training. It has attracted a fine type of woman and has reduced the turnover very materially. The University grants a certificate in public health

nursing when they have completed their work.

5. Preliminary Work for Hospital Students. In the fall of 1923, the superintendents of the principal hospitals in Seattle asked the department to arrange for their entering students to have work at the University in chemistry and home economics. This preliminary course was arranged and the following year anatomy and physiology were added. Classes are given for them in the fall and spring quarters. The students pay their tuition and laboratory fees. The hospital maintains them. This is proving most satisfactory and the department is now hoping to extend the time given to this work.

6. Public Health for Hospitals. For several years the Department has given the class in public health for Seniors in the hospitals in Seattle and Tacoma.

7. Service Courses. One of the most worth-while things that the Department does is to offer "Service Courses" to other departments in the University. These include Home Nursing, Health Education and Child Care. Beginning fall quarter, 1927, a course in Health Education as it relates to Nursing and Public Health will be required of all Freshman women. It is to go in the group with hygiene and nutrition. It is considered that this so-called service work gives not only an opportunity for teaching many things which only a nurse can do but also is a recognition of nursing as a contribution to general education. This last venture will mean bringing from eleven hundred to fifteen hundred girls through the department each year. It makes the department a necessity and gives an opportunity for the development of more small major classes.

The Institute.

In 1924, it was decided to have a one-week institute in addition to the regular summer course. This plan was felt wise, as it gave a large number of nurses a chance to come for at least an inspiration. The program was general enough to be of interest to all nurses. Nurses of outstanding accomplishments were invited for the faculty. Their work was supplemented by some members of the regular University faculty. The institutes have been so successful that they have been carried on each summer as a regular part of the work in the department.

Nursing Activities.

The Nurses' Club is for all majors of the department and carries on the social activities. It is through this group that the annual homecoming for graduates is arranged and they also plan the open house which is of interest to the parents and friends of the University. Sigma Epsilon is an honorary organization based on scholarship and high professional ideals. Several of the majors in the department belong to this organization. Nursing majors are also eligible for Sigma Xi and Phi Beta Kappa.

Entrance Requirements.

Requirements for entrance are the same as those throughout the University. In addition, for the Public Health course it is required that the student be a graduate, registered nurse.

The graduates, both from the degree course and the public health course, are filling positions of trust and responsibility throughout the country, particularly in the Northwest. The demand for the graduates and their subsequent success prove that there is a need for such an educational institution in this section of the country.

The method of organization and the policies of the department will permit indefinite expansion. It seems safe to say that the department of nursing education has been built up as a piece of coöperative work. On the one hand, nurses have looked to the University for help in solving their

educational problems; and on the other hand, the University has been willing to meet their requests. It is the hope of the future that there will be more and more coördination between this great educational institution and the workers in the field of nursing.

As Seen by an Observer

II

BY CAROLYN E. GRAY, R.N.

IT takes courage to be a representative of nursing education at some of our colleges and universities but I am glad of the opportunity to bear witness to the fact that at Washington University, Seattle, this is not the case. Nursing education is a recognized, respected, well understood member of the university family, and a cordial welcome is extended to its representatives. This happy state of affairs reflects no small credit on those who have been responsible for bringing it about.

For several years past the Committee on University Relations of the National League of Nursing Education has been collecting data about the relationships that exist between colleges or universities and schools of nursing. It was evident from the data collected about Washington University that the developments there were unusual and a recent visit made it possible to check the points which had attracted the attention of our committee.

First, it is an interesting example of a state university recognizing the just claims of student and graduate nurses for a share of the rich educational offerings that the state provides.

The thing that challenges attention is that from a small and difficult beginning, in a situation where there is no medical school and no university hospital, a department of nursing education has been built up *and supported by state funds*, for the budget of this young department is as much a part of the university budget as is that of any older department. In comparison with some other states, where nurses themselves have furnished funds, or have been responsible for having funds paid to the university in order that nursing education might be admitted to the charmed circle, Washington University is a shining light, for it recognizes what nurses, as citizens of these United States and potential public servants, may justly claim. But perhaps the comparison should be made between the methods of the nurses of the state of Washington and those of other states, for certainly they have been different.

The seven activities of this department, *i.e.*, (1) five-year nursing course; (2) degree course for graduate nurses; (3) public health course; (4) the work at Firland; (5) preliminary work for hospital students; (6) public health for hospitals and (7) service courses,

represent a heavy program of work for a small faculty, and I submit that the vision inspiring it and the desire to meet urgent needs are assets of no small value.

May I call attention to the generous arrangement which has allowed the five-year students to go to any registered school in any state, for the hospital portion of their course. I can imagine that if I had charge of a hospital school of nursing in Seattle I would regret this, but the result has been that these young women have carried the message of Washington University to other states in a most creditable way, and have helped some of us in the East to understand the spirit of the West better.

The work at Firland is worthy of special mention. I have often wondered why it has not been copied in the East, for I believe it would work out to the advantage of our hospitals for communicable diseases and the nurses who work in them. Practically all of these hospitals have a high census in the winter and a low one in the summer, with a period in the fall when the census is going up, and another in the spring where it is coming down.

To provide an adequate staff to meet the demands for service in a situation that changes decidedly, four times within a year, is extremely difficult. Is it not possible that the Firland plan might prove one way to meet this problem, for during the period of heavy work all the nurses could be on duty, and during the period when the census was low, some could be relieved for their three months of field work? To secure the type of graduate nurse one finds at Firland is worth many trials.

Without question it is a tribute to the genius of the woman who presides over this department that

beginning Fall Quarter of 1927, a course in Health Education as it relates to Nursing and Public Health will be required of all Freshman women.

This is a big task, and there is danger that in the effort to carry it out the main purpose of this department, which is to educate nurses, may be pushed into the background temporarily. But I have confidence that this will *not* happen; instead it will be made an opportunity to interpret nursing to a larger group.



"THE errors and defects of old establishments are visible and palpable. It calls for little ability to point them out; and where absolute power is given, it requires but a word wholly to abolish the vice and the establishment together. At once to preserve and reform is quite another thing."—From Burke's *Reflections on the Revolution in France*.



Library Index

A WEEKLY index to current periodical literature on Public Health subjects. References are classified under such subjects as General Public Health, Child Welfare, Health Education, Health Work in Schools, Heart Disease, Industrial Hygiene, Mental Hygiene, Nursing, Nutrition, Public Health Nursing, Sex Education, Social Hygiene and Tuberculosis.

Each issue of the *Library Index* contains an average of 58 references selected from a large number of nursing, medical and public health journals as well as federal, state, county and city health bulletins. Each article indexed carries a short descriptive note. It is mimeographed in such form that items may be cut and mounted on cards for future reference.

The *Library Index* has been sponsored by the Committee on Indexing of Nursing Literature. Subscription \$2.50 per annum. Sample copies will be sent on request. A list of periodicals indexed as well as a selected list of health magazines in the United States will also be sent on request. Issued by the national Health Library, 370 Seventh Avenue, New York, N. Y.

Trachoma Victims

As Cared for by the U. S. Public Health Service

BY DAISY M. HERBERT, R.N.

TRACHOMA, the scourge of the mountain people down through the ages! Trachoma, we find, is rooted and flourishes in unsanitary surroundings, amidst dirt, poverty and ignorance. The belief that those are the causes of the disease is substantiated when we visit among the people of the country.

Large families occupy houses of two rooms; they are dirty, smelly, and fly-ridden. The children are undernourished, and have only a meager acquaintance with soap and water. Mothers are too busy with household duties indoors and out and with the overgrown family to pay much heed to the children and are usually as dirty as they.

One child came to the hospital in a deplorable condition, hands and body filthy, face covered with sores. She told a story of an entire family living in one room. She was dirty because in the house there was not a washbasin of any sort. A stream at the foot of the hill provided a washing place in summer, but was much too cold to be indulged in, in winter. This child lived under a bed for days, in order to get away from the torture, to her, of light and sunshine. This child, a girl of 14, can neither read nor write, nor tell the time of day, and there are many of her kind. It was necessary to teach another child to eat at table. She had never before used anything to eat from save the floor.

Trachoma patients are hard to pry away from their homes. They will endure unlimited suffering before they will come to a hospital. But once in a hospital, it is wonderfully gratify-

ing to see how they respond to clean living, proper food, wholesome surroundings. They learn to eat properly. Diet is a great factor in their battle with the disease, so it is seen that they have plenty of wholesome, well balanced food. They learn personal cleanliness, and not only learn it, but learn to like it, taking great pride in their personal appearance, and learn to sleep in clean sanitary surroundings.

The patients go home from time to time and very seldom do they come back in the condition of their first admittance, which is encouraging to the belief that the work is not in vain. A doctor told of a former patient of ours who is now a pupil in one of his schools, of the example the patient was to the other pupils, and how she helped him to instill in other children ideas of clean and sanitary living.

It is not only the children who are helped, but men and women—the lives they live as children, they live as adults—they also learn to live clean, sanitary, and healthful lives. Altogether it is a wonderful work and a broad field in which to help our fellow man.



The International Council

A ONE-DOLLAR bill sent to Christiane Reimann, 14, Quai des Eaux Vives, Geneva, Switzerland, will bring *The I. C. N.*, official magazine of the International Council of Nurses, four times a year. Another dollar bill sent to the same address will procure a copy of the Report of the Proceedings of the Interim Conference in Geneva, last July, if sent promptly. Only a small number of copies are now available. Valuable material appears in each of these publications which cannot be secured elsewhere.

Supervisors' Conferences

BY EDITH MARGARET POTTS, R.N.

FAR back in your days in grammar school there came a day about once a month when school was dismissed early in order that teacher might go to "teachers' meeting." What such a gathering might be, what its purpose, its proceedings, or its results, you neither knew nor cared. Sometimes it may have been that even teacher was almost as vague in her perception of its purpose, and while she might have been able to present a neatly outlined record of its proceedings, the method of turning these proceedings into results was possibly often a closed book to her. This was partly because it was in those days the fashion to believe that almost any sufficiently needy young girl was divinely equipped by her very need to teach all that children need learn, hence she was given a certificate more often upon the basis of her need than upon her preparation, and that lack of preparation was supposed to be compensated for by the teachers' meeting. Poor, bewildered, little-girl teacher, sitting so bravely through the long session, wondering what it might all be about. The new demands were made, not explained, and no one even considered demonstrating to her the most satisfactory and most simple method of obtaining the desired results.

At about this same time the schools of nursing in this country were beginning to develop. In these schools, however, such a thing as a teachers' meeting, or to give it its more modern term, supervisors' conference, was an almost unheard-of thing, primarily perhaps because there were no more than twenty-four hours in the day and because the few properly prepared supervisors who were in schools of

nursing at that time had already packed into those twenty-four all that they would hold. Hence they worked on as best they could, the superintendent of nurses teaching and controlling such classes as time could be snatched for, each head nurse doing such teaching as she could insert among the multitudinous duties of the ward. We all recognize the fact that much of that teaching was thorough and sound, carried on to a high point of excellence. There was, however, one great defect in this method of teaching the student nurse, systematized it might become under certain favorable conditions, but standardized it certainly was not, and could never become. The education of the individual student nurse was very largely dependent upon the particular wards to which she was lucky or unlucky enough to be assigned. In addition to this, since the early training school was rather more a place of training than a school, the work of the hospital took precedence always over the education of the nurse and that arrangement was carried out or that assignment made which would most expedite that work, rather than the one which should be of most educational value to the individual nurse—which should be most exactly fitted to send her forth a completely equipped and well rounded person.

Gradually the fallacy of attempting to conduct an educational institution on the basis of trade apprenticeship methods came to be recognized and more modern methods came to be used. The apportioning of the class work to some one other than the superintendent of nurses was one step. Unfortunately, following this

step, and the establishment of a Department of Theory, there came, in some cases, a sharp line of demarcation between the classroom teaching and the ward work—a condition readily recognized as undesirable. In some schools there was actually an antagonism which hampered the work of both the floor supervisors and the instructor. The fault may perhaps have been on both sides. The instructor may have been somewhat pedantic and mayhap a bit over-insistent upon the importance of classwork; the supervisors may have retorted, consciously or unconsciously, with the thought of George Bernard Shaw when he flung forth:

"He who can, does; he who cannot, teaches."

However this may have been, the problem was not wholly solved, there needed to be some closer contact between the instructor and the supervisors. Moreover, the problem of variation in methods and in aims continued to exist, for ward supervisors were from many schools and of many opinions. In casting about to discover a remedy for these two unfortunate conditions, the teachers' meeting was tried. There was a difference however. In the old-fashioned teachers' meeting there were teachers working with many groups of students, from wee first-graders to great boys marking time in the upper grades until they might obtain their working certificates and leave the school behind them. This new meeting was a time when those who were teaching the same group of nurses might come together and consult as to purposes and methods.

Our supervisors' conferences have been especially interesting and valuable. Each Tuesday morning, at ten, the entire faculty convenes, usually in the classroom, although the meeting

place may be altered to suit certain conditions. The special problems of the week are discussed, new rulings or items of general interest are presented, and an analysis is made of any mistake or failure, when it seems that such an analysis may be of aid to the entire group.

After these business matters have been settled, the second part of the program begins. This varies from week to week, but is always of interest. Sometimes there is a general discussion of articles which deal with the teaching of the student nurse, the value of ward supervision, or some similar topic. These readings have been assigned at a previous meeting and the discussion is usually a lively one. Toward the end of the discussion there is usually a summing-up and a pointing of the article, in order to make the suggestions pertinent to the work on each floor. The supervisors who are already carrying on work of a similar type are encouraged to continue and to improve their methods, the others are stimulated to begin a constructive plan for their own departments. New methods are brought before the group by the director of the department of nursing practice, the reasons for the change are explained, the details of the new procedure are described, and where new apparatus is to be used, that may be displayed. At yet other meetings we have gained much stimulation from descriptions of schemes of teaching being tried out in our own school. At one meeting the supervisor of a medical division gave the details of her plan of doing actual ward teaching. As the subjects she had considered included the significance and care of specimens, the need and hours for nourishment and liquid in various medical and surgical conditions, the mechanism of a fracture and the

consequent mechanism of traction in the treatment of it, and the anatomical principles involved in an operation for strabismus, it may be realized that she had been giving her students much that was of real value. These five- or ten-minute morning conferences had led to a much keener appreciation on the part of the students of the value of many of the routine procedures which might perchance have begun to seem unimportant and perhaps even at times somewhat irksome. They had led to greater interest on the part of the attending men and in one or two instances to bedside clinics on especially interesting or especially typical cases. These clinics were especially interesting in that they aided the nurses to appreciate better than would have been possible in any other way the importance of certain treatments and orders. One student nurse made the statement that, following the morning talks on fractures and their treatment, and the physician's clinic on a special case, she was sure that neither she nor any other nurse on that floor ever left the ward without glancing toward the patient to be certain that the weights were swinging free and that the traction was steady.

At another meeting the director of the practice of nursing explained in detail the work of the elective course in this department. She described the definite objectives of the course, the details of reading assignments, making of lesson plans, teaching of classes, supervision of classroom practice and floor redemonstrations. It became clear to us that the students electing this course were receiving an actual normal or teacher's training course during this semester of work. In addition to this work in their own school, the students are given opportunity to visit the teaching depart-

ments in other schools of nursing and to gain from them the help thus available, and they also spend some time at the Junior College with the preliminary class, gaining an insight into the methods of classroom teaching and laboratory management there.

The supervisor of the department of obstetrics also described the plan of the elective course in this department. Here, too, there are a definite reading course, problems to be solved, a term paper to be written, and a written examination to be passed. In addition to these theoretical matters, the work for the semester is carefully planned and graded in such a way that the student progresses from the Senior work on the floor through each section of the department, acting as an assistant to the supervisor of each section, learning to plan the assignment of nurses in such fashion that the educational features of the work should be utilized to the utmost.

Another group of supervisors' meetings was concerned with the interpretation and explanation of laboratory tests. The procedure of several of the more common tests was discussed with an explanation of the underlying reason for each step in that procedure, the normal results were presented, and the significance of variations from these normals were considered.

There are never any avoidable absences at these meetings, and no supervisor ever resents the hour spent there, as a use of time needed for work upon the ward; on the contrary, it is the feeling of all that this one hour a week is the means of saving many hours during the year, and is also the source of much inspiration for every hour of the day. The unity of the work of the entire school is thus aided, each supervisor comes to feel the value of her part in the teaching work, and to take more definitely her

responsibility for that part. The faculty is thus a group of co-workers, all working with a common purpose, the education of the student, with a feeling of contentment and of joy in working which is carried over into the student group, and we feel that much of whatever progress we may be making in the care of our patients can be quite definitely traced back to these hours of planning together.



A Study of Tonsillitis and Related Throat Conditions

IN view of the widespread attention which has been given in recent years to tonsil defects and their remedy by tonsillectomy, it was deemed worth while for the Public Health Service to make a study of acute and chronic diseases of the tonsils and throat. . . . Some of the outstanding results may be briefly summarized:

The incidence of tonsillitis and related conditions of the pharynx is higher among children of school ages than before or after those ages. Laryngitis, on the other hand, appears to occur more frequently among adults than among preschool or school children. . . . The incidence of tonsillitis and related conditions of the pharynx appears to be considerably higher for females than for males. The relative age incidence of acute tonsillitis and sore throat is strikingly similar to the relative age prevalence of diseased tonsils as found on physical examination. . . . The incidence of sore throat seems to be more than twice as great for school children with defective tonsils as for those whose tonsils have been removed. The incidence among children with normal tonsils also appears to be less than among those with defective tonsils. . . . The incidence of illness from rheumatism and related conditions appears to be higher among adults who have attacks of tonsillitis than among those who are free from tonsillitis. . . . The incidence of measles, whooping cough, chicken pox, and mumps all appear to be higher among children whose tonsils have been removed than among either of the groups with the tonsils present. Similar differences are indicated by rates based on susceptible

children only, eliminating from consideration all children who had suffered a recognized attack of the disease prior to the period of observation.

The results of the physical examination suggest that adenoids, enlarged cervical glands, conjunctivitis, eye strain, and decayed teeth all tend to be slightly more prevalent among children with defective tonsils than among children with normal tonsils or among those whose tonsils have been removed.



The Nurses' Memorial Window

IN December, 1927, ground was broken for the Women's Transept of the Cathedral of St. John the Divine, New York City, and work was commenced upon an undertaking which is without precedent in Christian history; for while women have had a part in the building of every cathedral, and frequently a notable part, never before have women undertaken, as women, a project of such magnitude.

It is within this part of St. John's, the Women's Transept, which faces St. Luke's Hospital across 112th Street, that the Nurses' Window is to have a place. It will be recalled that the Women's Division, of which the nurses formed a unit, undertook to raise a fund of \$1,000,000 for the building of the Transept. At the end of the year 1927, the total had passed the three-quarters' mark. The special objective of the nurses' group was a fund of \$12,000 for a memorial window, and this sum was over-subscribed some time ago, the number of gifts being nearly a thousand. In the meantime, interest to the amount of \$440.00 has accumulated.

With the actual commencement of building operations on the Women's Transept, the time approaches when its memorials will take form in carved stone and stained glass. "This fund," Bishop Manning wrote, shortly after the New Year, referring to the gift of the nurses, "is to be used for the construction the Nurses' Window, including both the stonework and the glass, in the Women's Transept and the window will be put in place when the construction of the Transept makes this possible. It will be a beautiful and fitting memorial to the nurses in whose memory it is given and to those whose generous gifts it represents."

Nursing at Sea

BY MARGARET E. HERBERT, R.N.

THE medical departments of all the ships of the U. S. Line are under the supervision of a medical director, Dr. George Whitmore. Each department is staffed according to the size of the ship. On the "George Washington," we have two surgeons, one nurse and two hospital attendants. On the smaller vessels, like the "Harding" and the "Roosevelt," there is only one surgeon, one nurse, and one hospital attendant. All members of the department are recognized members of the crew and are under the same restrictions and discipline.

The hospital unit consists of 75-100 beds, a male and a female ward, a crew ward, an operating room, crew dispensary, and chief surgeon's office. The U. S. Lines aim to give medical service and with the generous supplies and equipment made for the same, certainly it is possible to give adequate care to all casual illnesses and to meet any emergency. When you consider that our ships are carrying 500-3,000 passengers, plus 500-1,100 crew, you can readily see that such provision is necessary.

Regular office hours are held twice daily in the chief surgeon's office and in the crew dispensary, and of course both offices are open at all times for emergencies. We average 50-60 calls a day, and many and varied are the complaints. Among the passengers, seasickness predominates, but we also get accidents, infections, surgical conditions, gastrointestinal disturbances, nervous disorders, and many times infectious disease among the younger members on board. We have even prescribed for a dog with mange. The crew dispensary is a very busy spot and the work there is as varied

as the work of the accident room of one of our large hospitals. On the coal-burning ships, where the engine department numbers 200 and upwards there are many accidents—burns, cases of collapse and respiratory infections. Sometimes it is necessary to operate under unfavorable weather



ONE OF THE DOCTORS OF THE S. S. "GEORGE WASHINGTON"—A CORNER OF DISPENSARY

conditions, but there is always the same work-a-day life with which we have to cope, whether we are doing private duty, public health or institutional nursing. Some of our days are 24 hours long, and then again we may have little to do for several days.

The nurse's duties are never continuously arduous, but when she is needed, she is usually badly needed. She is held responsible for the condition of the hospital unit, the requisition and care of equipment, the clerical work, and the nursing service. This sounds like a full program, but



OPERATING ROOM ABOARD THE "GEORGE WASHINGTON"

when you consider that there are stewards to clean, make beds, carry trays, fill hot-water bags and ice caps, and the chef eager to have any special articles of food cooked, the aspect of the situation is changed. Never have I had such coöperation and willing service as I have had aboard ship. I have nursed very ill patients and was ill myself for nine days at sea and I have never experienced such sincere solicitude and kindness. I could not begin to narrate the many instances of thoughtfulness for which we do not always give a group of men credit.

Sometimes the nurse is obliged to be on 24-hour duty with one patient. This doesn't happen often and usually doesn't last very long. At such times, the work of the department is carried on by the other members,

plus the aid of a stewardess when necessary.

The department is held responsible for the health of all passengers and crew and the sanitation of the ship. Detailed records are turned in at all ports and inspections are made by port officials. Daily inspections of all passenger and working quarters of the ship are made by the chief officers and the two surgeons. Physical examinations are made on all members of the crew when they join the ship.

There are advantages and disadvantages to this branch of nursing which I would like to state as accurately as possible, that nurses may know what to expect and what is expected of them. The financial remuneration for the nurse is \$85 per month, out of which she is obliged to

pay for her laundry which amounts to about \$7.50 a trip, tips which amount to about \$11 a trip, and rooming expenses while in the port of New York which is about 3-5 days every month. The voyages last from 17-28 days. There is no advancement for time of service. Her living conditions are first class (that is, she has her meals in the first-class saloon and a cabin in first-class quarters). Her relation to the other members of the personnel depends entirely on the individual. She is thrown entirely on her own resources for diversion because, while she is allowed the freedom of the ship, she is expected to have no social intercourse with passengers. This rule holds good for all ship's officers. She is obliged to remain in uniform throughout the voyage.

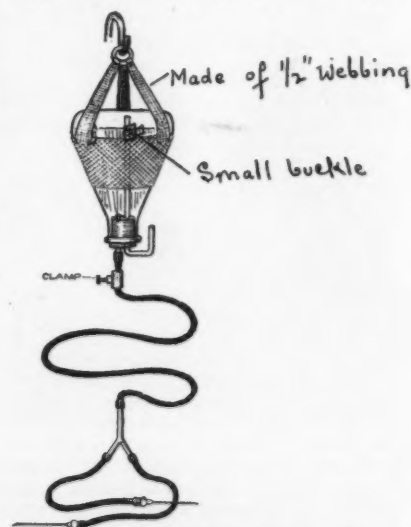
On the other hand, the work is not hard, you find yourself with hours in which to do all the things you never seemed to have time to do ashore, the outdoor life is very pleasant and the leisurely, unhurried existence of ship-board life is very restful and promotes a mental rejuvenation. The 3-4 days in a foreign port give one an opportunity to do a little sight-seeing, although this privilege is subject to the needs of the ship. The handling of a group of people under an entirely new situation is an experience which is priceless.

Great discretion must be used in the selection of nurses for sea life. The nurse plays such a prominent part in the daily public life of the ship, and so much judgment is expected of her, aside from nursing ability, that we cannot afford to have any misfits on our ships. There are countless applications for these positions from nurses

from all parts of the country, from nurses who have little idea of the requirements or the restrictions of the life. The popular attraction is the sea voyage and the opportunity for travel. Not many care to make more than one or two trips and many do not realize that they are expected to be a working part of the personnel. Financially, the position is a loss; but for a period of six months, the nurse gains more than she loses, waiving the consideration of dollars and cents, and the ship needs a permanent personnel as much as any of our institutions do.



Apparatus for Hypodermoclysis



When the flask is empty the stopper and glass tubes can be removed and inserted in a second flask without disturbing the remainder of the apparatus. (From the Bulletin of the College of Surgeons, July, 1927.)

Baroness Sophie Mannerheim

President, International Council of Nurses 1922-1925

A GREAT nurse has passed to her reward, for *The Nursing Times* (London) tells of the death, in January, of Baroness Mannerheim. Hers was a regal presence but also a gracious one and an unforgettable memory to those who attended the Helsingfors meeting of the International Council of Nurses in the radiant summer of 1925. She exerted a widespread influence—one that was recognized by the invitation of the League of Red Cross Societies to direct the Nursing Service from its Paris office, a position which, however, she occupied for a brief time only. *The I. C. N.* for April, 1926, in a summary of her professional life, which we now find all too brief, says:

Baroness Mannerheim was born and brought up in one of the most prominent families in Finland. She began her professional life in the Nightingale School, St. Thomas's Hospital, London, where she finished her course of training in 1902. In 1904, she was appointed matron of the Helsingfors Surgical Hospital, at the same time being entrusted with the post of director of the School of Nursing of the "University Clinics," a group of six institutions, of which the Surgical Hospital is one. In 1905 she was elected President of the Nurses' Association of Finland.

The Baroness has had a tremendous influence on the progress of nursing in Finland during her years of office in these positions. She has been a moving force in getting the one-year course of training altered to a three-year course with regular periods of training in each service; in introducing a preliminary course; in arranging for probationers to live in the Nurses' Home; and—together with able helpers—in the issuing of textbooks, the use of modern records, etc. Under her presidency the Association has developed along modern lines; it started its monthly magazine, *Epione*, in 1908, and has a fund for helping sick nurses, recreation, old age homes, etc.



BARONESS MANNERHEIM

The Baroness has not, however, limited her interest to her native country. She has taken a very active part in the work of the Nurses' Union of the Northern Countries of Europe, and has attended most of the congresses and business meetings held by the International Council of Nurses since its Congress in Paris, 1907. At the meeting in Copenhagen, in 1922, she was elected President for the following triennial period, and in 1925, in Helsingfors, she was made Hon. President of the Council. The Baroness' experience has also been valuable to the Nursing Division of the League of Red Cross Societies, of whose Advisory Board she has been the Chairman since its inauguration a few years ago.



LET us, whatever our origin or creed and regardless of our station in life, enter upon this new year with the determination to recognize honest differences of opinion and to make serious effort to get other people's point of view; to credit others with good intentions; to think and speak well of others; to ask no privileges for ourselves that we are not willing to accord to others; and to remember that true personal liberty goes hand in hand with self-control.—PERCY B. BAXTER.

The Detroit Delano Pageant

"**H**OW did it happen?" we all asked. Well, it started with an invitation by the Red Cross Committee to begin the 1927 Red Cross Enrollment Drive, with a program in honor of Jane A. Delano. That was the beginning and then, like Topsy, it just grew. Each training class in the city sent delegates to a meeting called by the Local Red Cross

that essays might be written by the Senior nurses on each phase of the work, the best one from each class being chosen to be read at the Delano program.

The Senior nurses considered the plan and decided that their class work demanded all the papers they had the time or energy to write. Why couldn't the idea of each suggested



Committee on Nursing. Elba Morse, the Division worker, spoke at that meeting. She said the Committee felt that students just finishing training do not have a very concrete idea of Red Cross nursing activities. It was then suggested by the Committee that a program could be presented by each graduating class, as it came on, from year to year, explaining the nature of Red Cross nursing. It felt

topic be set forth in a tableau, each class being responsible for one tableau?

Accordingly Jessie Bonstelle, Detroit's favorite actress, was interviewed and, at her suggestion, Linda Jordan was engaged to take charge of the tableaux. Miss Jordan felt that the story of Miss Delano's life was too dramatic and vital to be confined to tableaux. She was delighted with the

picturesque possibilities of the uniform costuming and the various Red Cross settings. And so the tableaux became, by way of Miss Jordan's pen, a pageant, called "If Wishes."

The organization was very simple and worked out very efficiently. Miss Jordan directed the pageant. The students elected a general chairman and vice chairman, then each School for Nurses had a chairman and a committee in accordance with its needs. The different committees conducted the enrollment campaign, in addition to their part in the pageant. These committees worked with their executives as advisory committees in close proximity with the Red Cross Committee. The business details were all taken care of by the students. When apportioned to the

different schools, the sum was nominal and was raised by any method the individual school thought best.

As a result, something happened in the schools that never had happened before. Two hundred students, drawn from all the different nursing schools in Detroit, worked together harmoniously, happily, enthusiastically to make the Jane A. Delano pageant the beautiful success that it was.

They found the various Red Cross nursing activities set forth romantically and colorfully with the majestic figure of Miss Delano giving inspiration to the entire pageant. Red Cross work, as such, took on a new meaning for them. Instead of being an isolated, far distant thing, it became real, vital and attractive.

A Medal for Courage

THE day before she received her diploma in nursing from the Emergency Hospital Training School for Nurses, Washington, D. C., Mabel Clark was awarded a gold medal by the Ladies' Board of the Hospital. The story, as told by Janet Fish, Superintendent of Nurses, is as follows:

On July 23rd last, Columbus Bronson, colored, 39 years old, was brought to the hospital suffering from chronic asthma and was placed on an upper floor. He became delirious and Miss Clark, upon entering the room, found him about to jump from the window

to the ground. Without a moment's hesitation, Miss Clark dashed to the window, grabbed the man's foot and held firmly, calling for help. Attendants in the hospital came to the rescue and the patient was revived, leaving the hospital a few days later in good condition.

Miss Clark, a Virginian and an ex-school teacher, disclaims all heroism and when forced to speak of the incident said that "in moments of that sort we gain strength" and that she had done only what another would have done under similar circumstances.

What Some of the Doctors Say

THE Committee on Grading Schools of Nursing asked the entire 95,180 doctors who are members of the American Medical Association if they would participate in the grading study by answering a questionnaire. Returns are still coming in. Of the 20,073 returns which had been received and tabulated by December 15, 17,209 (or 86 per cent) said that they would be glad to coöperate and accordingly each received the questionnaire. The following comments, excerpted from the replies received in *one* morning mail, are fairly indicative of their friendly tone.

(Nebraska.) "A nurse who has a ruptured appendix patient with general peritonitis is worth all we can pay her, if she knows the game; while one on a clean case who does about an hour's work a day is not worth so much and should not be paid as much as the skilled woman of experience."

(Ohio.) "I personally believe I have had hundreds of patients sick enough to require the services of an R.N. but there are very few R.N.'s who will do twenty-four-hour duty and I do not blame them one bit. I am not in favor of a girl working this hard, as all the nurses who try it are soon under par physically. It is difficult to find a family in the average working class who can afford to pay \$12 a day for two twelve-hour duty nurses. Our practical nurses are absolutely useless. They do twenty-four hour duty and all the housework for \$5 per day, but as far as carrying out instructions is concerned and recognizing symptoms, they are a detriment rather than an assistance."

(Ohio.) "My most extended experience with trained (R.N.) nurses was in the year 1926 when our village of 2,500 people was smitten with an epidemic of typhoid fever. There were

in all about 160 patients, of whom I had about 60—who were all in their own homes. The epidemic was due to the use of raw milk contaminated by a 'carrier' employed in a dairy. Many of these patients were very sick and the illness lasted for from three weeks for the mildest cases to four months for the worst with complications. During that period I worked with about thirty-five nurses, some families having one, and one family, four of whose members were down at once, had four on duty at once, two day and two night. These nurses came from registries in Cleveland, Akron, Columbus, Lorain, and Elyria (Ohio). The work for them was hard and sometimes discouraging but I am happy to say their services were always willing and intelligent. Really they saved the day. The points I want to emphasize are, their

1. Willingness to work.
2. Loyalty and coöperation.
3. Initiative and intelligence.
4. Resourcefulness.
5. Tact and general consideration for the patient and friends.

I found very little difference in these nurses as to age and general qualifications, but noticed that those from ——— and ——— were most interested in their work and most industrious. This experience is sufficiently recent to make observations applicable, I think, and I am glad to share them with you."

(New Jersey.) "In homes, twenty-four-hour service is greatly needed, and can be met as a rule only by 'domestic' nurses, as the expense of registered nurses is inordinate for most of my clientele. The absolute lack of grading or control of 'domestic' nurses is a serious situation. Development of a community system of hourly or visiting nursing service would

partly meet the difficulty of present conditions. In conjunction with greater availability of good domestics, it would go far toward doing so."

(Iowa.) "Many good nurses work too hard."

(Illinois.) "I often feel the need of a nurse who perhaps does not need to possess the skill of the regular graduate and have often felt that if girls might be given a short course it would help the situation, yet I feel there is a great deal of danger in this, much as there would be in cutting down the requirements for medical graduates. It would turn out a great many incompetent people, and heaven knows enough of the regulars fall by the wayside to fill the demand after all."

(Iowa.) "I well realize that there are many graduate nurses in this city whom I would not care to have on cases because of their lack of skill, personal appearance, and inability to please the family. These I am able to avoid, but the physicians in the towns about are not so fortunately situated and have to take what is sent them by the central registry."

(California.) "Here the R.N.'s usually demand \$10 a twelve-hour day for *mental cases* and male nurses \$12, making \$24 a day besides the board of the two nurses. Unless my patient in her own home can be isolated from her family, I decline to treat her at her home and I rarely care for a male mental case in his own home so most of my cases requiring special nurses are in private sanitarium. I prefer an intelligent, tactful man or woman who has had at least a high school education, who will train under an efficient head nurse and will conform to my ideals of nursing mental cases. I seldom find an R.N. who is able and willing to do the latter."

(Michigan.) "In my work the large majority of patients require

two twelve-hour nurses for the first three to five days. Then as improvement takes place, they dispense with the night nurse and keep the day nurse as long as they feel able. The difficulty of this is that of expense—two nurses at \$7 per day each, and their board of \$1.50 to \$2 each, makes \$17 to \$18 plus price of room (\$4.50 to \$8) daily, almost exorbitant for the average pocket-book. We are trying out small groups of from two to six beds in a room and trying to arrange for one nurse to care for two to four depending on the amount of attention required."

(Michigan.) "My experience with so-called practical nursing is not at all satisfactory. They are usually uneducated, undiplomatic, talk too much, etc., and as a rule upset the patient by their chatter. We are studying this problem here in Michigan with the idea of group nursing to put the needy in as good care for the least amount of expenditure as possible."

(Oregon.) "Nurses are like all other classes of humanity, some good, some not so good. As a rule, registry nurses have not been so satisfactory, probably because they do not want to leave the city, so only poorer quality are available. In our community we have several very good practical nurses, and if available I prefer them to unknown R.N.'s. Our resident R.N.'s are mostly satisfactory."

(Indiana.) "I think some way ought to be devised to try out group nursing. It would require especial coöperative effort in hospital to group the patients advantageously. Probably the nurses would not like it."

(New York.) "In our city many of our good graduate nurses desert private duty work for public health or school work, and I am not so keen on most of the so-called practical nurses I have met in my practice, in fact I

prefer a member of the family to the latter."

(Connecticut.) "We have practically no good practical nurses in this city who are available. My last R.N. was on for one night, only, during a case in labor and proved herself of value by her quiet good sense and average skill."

(Ohio.) "My opinions regarding the nursing profession:

"1. Standard as to previous education (general) entrance requirements, morals, fitness, health . . . all too low.

"2. Relationship between doctor and nurse as to moral conduct is much too loose.

"3. Curriculum too theoretical giving a smattering of knowledge of many subjects but lacking the concentration upon the real practical side of the work that is so essential.

"4. Above opinions based upon many years experience as an instructor of nurses."

(California.) "The girls found satisfactory are usually called for through the Official Nurses' Registry and thus we get good service. Nurses not satisfactory soon leave our section. Have many R.N. *hobo* nurses on the Pacific coast. These seek adventure. Not getting it, they try new fields, thus we have to study our characters carefully. Practical nurses *generally* are useless or harmful. They make their own diagnoses and often give their own treatment. Results are accordingly. One in ten is satisfactory."

(Wisconsin.) "The nursing of all the girls I have had has been very satisfactory. The people of this community will not hire a graduate nurse unless it is an absolutely serious illness. My only criticism is that in practically every case, except two or three, I have had to suggest and insist on nurses keeping clinical charts.

They seldom keep a bedside record unless requested to do so."

(Illinois.) "In my opinion there is a very real need for *hourly nursing* and for the care of *two to three patients by one nurse* in hospitals. In my city the visiting nurse association does a *wonderful* work and I frequently use its nurses in lieu of the needed hourly nursing."

(Michigan.) "We have a small private hospital in a small town. We have to depend on nurses from the city. There are lots of good nurses there but *we get* lots of poor ones. We call the registry there and there are a few poor nurses that are almost always on. They will send these if we don't ask who is on.

(Massachusetts.) "I feel very strongly that hospitals should register nurses who are graduates of other accredited institutions and assume a more tolerant attitude towards their working in institutions other than their own, believing that such interchange is good for all and tends also to prevent 'clique' formation amongst nurses. Practical nurses in my experience are in no way satisfactory and a far better solution is to hospitalize the patient on regular nursing service—or adequate domestic service plus visiting nurse at home. The visiting nurse is a splendid and most creditable institution. I believe there are too many graduate (special?) nurses employed in most hospitals. More of the nursing care should be furnished by the hospitals themselves or at least directly under the direction of the hospital, and in most instances one nurse should care for two patients. This could certainly be done, particularly if there were a few utility nurses kept on duty to help here and there. It would increase efficiency and tend to reduce the already too high cost of hospitalization."

(Florida.) "Practical nurses in my experience talk too much and know too little. Their talk gets both themselves and the doctor into trouble, causing loss of confidence which is detrimental to all concerned. They assume to know when they do not, and at the price they charge they are much more expensive than a graduate nurse who could be dispensed with in half the time. The physician can always trust the graduate nurse to do exactly as he says. Knowledge, coupled with a sunny disposition and a pleasing personality, is essential in the sick room."

(Oklahoma.) "In this section of country most nurses have excellent

'operating-room training' but poor bedside training. I find that the best nurse is one who spends all her nursing time in observing patient and doing everything possible for patient's comfort."

(Mississippi.) "I hate a practical nurse, because they as a rule think they know too much, which makes them undependable."

(Illinois.) "My work being in the main surgical, I naturally require R.N.'s. However, probably a dozen times a year I run into families that need a so-called practical nurse. Most of these nurses are not practical, however, and do not give satisfactory service."

Questions

7. Is there any opium in the California poppy?

Answer.—No. Opium is derived only from the dried juice of the white poppy which grows in Asia. The unripe capsule of the plant is slit, and the thick, milky juice which exudes from the cut is dried until brown and hard. This is the crude opium from which all preparations are made.

8. What foods are eliminated in a basic diet?

Answer.—As a basic diet, in most cases, is one used by a physician, either his own or one accepted from some authority, all foods not specified should be eliminated. At present the "normal" or basic menu for a day consists of protein, 118 grams; carbohydrate, 500 grams; fat, 60 grams, for a person at moderate work.

9. Has it been definitely proved whether or not the raw white of egg is indigestible?

Answer.—Inasmuch as human beings differ in their metabolism, one cannot say: "It has been definitely proved." Egg white, as taken from the shell, is harder to digest than slightly cooked egg white or a raw, beaten egg white. Raw egg white is harder to digest because of its blandness and its inability to excite the

secretion of gastric juice and the movement of the stomach.

10. Is oxalic acid eliminated from the body in acid form?

Answer.—Oxalic acid is eliminated from the body as oxalate of lime, the form in which it is usually present in the diet.

11. What acids are contained in prunes, cherries, peaches, strawberries, and blackberries?

Answer.—Prunes contain benzoic acid; and cherries, peaches, strawberries, and blackberries, malic acid.

12. Is the law governing the registration of nurses in Arizona permissive or mandatory?

Answer.—On July 21, 1927, an amendment to the law governing registration of nurses in Arizona went into effect which makes it necessary for all nurses desiring to practice in the state to be registered with the Board of Examiners. Any person violating the provisions of the Act is subject to a penalty. For further information regarding the law, nurses are advised to write to the Secretary of the Board of Examiners, whose name and address will be found in the directory of the *American Journal of Nursing*.

Extra-curricular Activities

BY ELSA SCHMIDT, R.N.

"It is necessary to lead a full life in order to be happy and useful"

THE annual Institute, under the auspices of the New York League of Nursing Education, held January 17-20 at the Mt. Sinai and Bellevue Hospitals, was of unusual interest. The program dealt with "Extra-curricular Activities in Schools of Nursing," and the speakers were of unusual distinction.

Dr. Elbert Fretwell, Associate Professor of Education at Teachers College, introduced the subject of recreational activities. He has made exhaustive studies in this field, and he emphasized the fact that nurses, needing it greatly, have too little time for recreational activity for, "It is necessary to lead a full life in order to be happy and useful." The need for guidance through the service of qualified advisers was emphasized. They must have the confidence and good will of the students. The value of student organizations and publications was discussed by Dr. P. W. E. Cox, of New York University. Student organizations have their value, but they should not overlap. They give opportunity for sharing responsibility as well as success. This develops in the individual a feeling of pride of school and contributes to *esprit de corps*. Student publications should be encouraged as they stimulate creative ability and coöperation.

In the course of the four days' program, every cultural and character-building influence through the right kind of extra-curricular activities was brought out by the various speakers. Most of them appreciate the fact that our students have a rather long day devoted to the care of the patients in the hospital; therefore their time for

recreational activities is limited. For this reason, these should be made enjoyable and easily available, as well as intellectually and socially profitable. Eduard Lindeman, lecturer at the New York School of Social Work, struck this note very forcibly in his interesting address on "Enjoying while Learning." With much enthusiasm he referred to the striking experiment that is being carried on in Denmark, where adults continue their education throughout their lives, in the form of yearly courses at the university, followed up the rest of the year through special correspondence courses with the university. An interesting demonstration followed, under the direction of Dr. Angel, Director of Sports for the United States Lines. Several members of the audience took part in some fascinating games which furnished a great deal of amusement.

Religion in the life of the student nurse was the topic presented by James Gutman, Associate Leader of the New York Society of Ethical Culture.

Religion cannot be just an extra-curricular activity; it must be an inspiring force and guide in all one's work as well as play.

This was the essence of his scholarly address. It was also very helpful to hear from Lulu Saunders how the problem of religious education and spiritual guidance was solved in the Kahler Hospitals School of Nursing, Rochester, Minn. The general discussion which followed brought out the desirability of some religious guidance for the students in every school.

In the selection of recreational

activities, those that promote health were given special attention in a varied program given at Bellevue Hospital. "To Live Most and To Serve Best" is Dr. Jesse Williams' conception of health, and he gave his views on the promotion and maintenance of good health as one speaking with authority and personal conviction. "The Development of Physical Education in Schools of Nursing" was ably presented by Mary Deaton, Physical Education Director of Bellevue School of Nursing. The demonstration on corrective exercises, given by some of the students under the direction of Miss Deaton, was especially appreciated by the audience. Also the demonstration of life-saving and swimming received much applause and gave general enjoyment to a large number of interested spectators. The program on the health service, as it is carried out by the Bellevue School of Nursing, was given by Geraldine Hiller, Director of the Health Service in this school. Marion Rottman, who has devoted much time and effort to the study of the promotion of health of the student nurses, showed some significant graphs, illustrating the progress which has been made in the promotion of health of the students since the introduction of this splendidly organized health service. One thousand sick days had been prevented in the past year through the strict enforcement of this carefully planned health program.

"The Drama as a Part of Human Growth" was the subject of Beatrice^e Beacher, Director of the Plymouth Institute Players of Brooklyn. Miss^e Beacher spoke with great enthusiasm on the value of the drama as a character-building influence. She cited the case of a convict who came under the influence of leadership in her dramatic training classes. Through

the assignment of carefully chosen parts, a desire to be of human service developed in the girl's mind. With some encouragement on the part of Miss Beacher she studied medicine, and today is a highly respected and useful member of society.

One of the most enjoyable, and at the same time highly profitable, recreational activities can be obtained through the Impromptu Drama. Dr. J. L. Morino, formerly director of the Impromptu Theatre in Vienna, spoke on the value in personality development through this fascinating activity. Creating a plot, assignment of parts, and then impromptu action, offer a strong stimulus to forget oneself in the rôle assigned; it stimulates independent thinking, quick action and emotional expression as well as control in accordance with the life situation presented. In this kind of dramatics, everyone participating can discover for himself the way to use his dramatic power for his own release and free expression.

A delightful hour was spent listening to John Macy, author of "The Story of the World's Literature," and a distinguished literary critic. Mr. Macy is a vivid and diverting speaker with sparkling wit enhanced through his magnetic personality.

A rare treat was given by Huger Elliot, Director of the Educational Work of the Metropolitan Art Museum, who projected on the screen some of its masterpieces. In our pressure of work and responsibility we sometimes forget such resources as the free art lecture service, available to any school just for the asking.

The value of dancing as a form of recreational activity was brought out by several speakers. The paper presented by Sarah Jerow, Director of Physical Education at the Bloomingdale Hospital, dealing with this

subject, expressed its value exceedingly well in the following words:

Dancing is a natural expression of emotion through movement. It furnishes really one of the best forms of self-expression. Dancing develops an appreciation of all the arts, because it is really a combination of all.

It would be difficult to judge which one of the many speakers who took part in the institute showed the greatest enthusiasm about his subject; however, I know that those present when Willem van der Wall spoke enthusiastically on "The Mission of Music in the Career of the Nurse" enjoyed the demonstration of community singing which proved most effectively the point that "music will change our moods without the help of words."

In rounding out personality, personal appearance must not be overlooked; in fact, according to Mrs. Evelyn S. Tobey it should be regarded as a religious duty. We all appreciate that our service to others becomes more effective, when we look our best at all times. The value of social observances (etiquette) as an asset to personality was presented in a splendid paper by Wanda Casswell, Social Director at St. Mark's Hospital School of Nursing.

A representative from the New Students' League, recently organized in Philadelphia, Mary Curran, brought a most inspiring message of success. One of the many interesting things she told about was the experiment carried on by small discussion groups. Each group selected a qualified leader on some special topic, meeting once a week for discussion purposes. Through this brilliant, democratic leadership, they hope to develop young people in the art of study, discussion and personal growth.

Hilda Smith, Dean of the Bryn Mawr summer session, has had wide

experience in all kinds of social service, and has long felt a definite need for more adequately prepared nurses who can take charge of the health program under the direction of a doctor, who are also able to give leadership in the development of better citizens and social progress in small communities that have no opportunity to avail themselves of the many cultural and social advantages of the larger cities.

Another very large field that is calling for nurses who can bring more than just a knowledge of the principles and practice of nursing, is the field of psychiatric nursing. Dr. Henry of the Bloomingdale Hospital spoke on the need for better prepared nurses in this large field. Nursing the mentally ill requires many more resources both mentally, intellectually, and socially, than nursing the physically ill. Helping the mentally ill to find their way back into a life of social order and usefulness, after years of maladjustment, is not an easy task and offers a challenge to the most complete human service that the best type of nurse is capable of giving.

The Institute on Extra-curricular Activities would not have been complete without some definite checking up as to what is actually being done in some of our schools of nursing. All were very much interested in the report given by Miss Hudler, Social Director of the Philadelphia Hospital School of Nursing. Dancing and singing seem to offer the greatest enjoyment for students, but many other forms of recreation can be added with the right kind of leadership and guidance.

A demonstration of what is actually being done by some of the students of various schools of nursing in New York and Brooklyn furnished a delightful evening program of music and dancing at the Nurses' Residence of

the Mt. Sinai Hospital. This is the first time the students of the various schools have been brought together in this highly successful way. It was the widely expressed sentiment of members of the audience that this demonstration of successful extra-curricular activities was the best part of the Institute. It gave such unusual pleasure to both the students and the members of the League, that it will probably do more to stimulate recreational activities of this higher order than all the scholarly and academic lectures given. To be sure, these were interesting and valuable, but somehow they did not challenge to action to the same extent as this delightful program given through the combined efforts of the students and the inspiration of their enthusiastic leaders.



A National Conference on Education

A NATIONAL Conference on Education will be held at Teachers College, New York City, at the time of the inauguration of Doctor William F. Russell as Dean of the College, April 10 and 11. This will be a conference to consider conditions in professional training and modes of its future development in response to new social demands. The first session will be devoted to "Essential Successes and Shortcomings in Professional Education." The afternoon session topic will be "The America of Tomorrow and the Part To Be Played by Education in Its Achievements." Wednesday morning will be devoted to the "Responsibility of Teachers College for the Development of Higher Education."

Tuesday afternoon will be given over to Group Conferences. The Department of Nursing has exceedingly interesting plans under way for that session. A luncheon or dinner for the nursing group will also be planned.

The inauguration of Dean Russell will take place on Tuesday afternoon. A banquet, with speakers of national reputation will be given at the Hotel Commodore on Wednesday night. Further particulars may be obtained from the Department of Nursing Education at the College.

A Central Location

THE Louisville Convention and Publicity League puts the following unique statement on all of its letterheads:

"If eight men started from their respective homes in New Orleans, Dallas, Omaha, Minneapolis, Toronto, New York City, Charleston and Jacksonville, and traveled by the shortest and quickest routes until they met, they would shake hands 16½ yards north of the Custom House on Fourth Street, Louisville, Kentucky, on a sewer cap midway between a trolley pole and a fireplug."

This is a city famed for its hospitality, a city which has for its slogan, "When you're in Louisville, you're among friends."



Information Wanted

INFORMATION is desired about a nurse named Millie or Mildred Cohen, whose family desires to get in touch with her. She is asked to address her father or her brother Morris at 2007 Union St., Brooklyn, N. Y.



A Code for Student Nurses

J. H. CARY, M.D.

"N—ever willing to yield to the impulse of shirking any duty that is imposed on me by my superiors, nor loafing when I know that some task is not in my own conscience, well enough done."

"U—se all my energy toward rendering help, aid and comfort to those who are placed under my care for such."

"R—eady at all times to obey the commands of my superiors and accept them as being for my own welfare as well as for the well-being of others; accepting the fact that laws and rules laid down by those of experience who have preceded me, are very likely more able than my own."

"S—teadfast in adhering to right, truth and honor no matter what influence urges me to do otherwise."

"E—ver ready to answer the call to render help to any suffering or sorrowing person, sacrificing my personal comforts and pleasures, in order that I may fulfill the Golden Rule and be an honor to my school, my profession and to true womanhood."—From an address given at the Capping Exercises of the Preliminary class, Washington Hospital, Washington, Pa.

Editorials

WHAT PRICE GRADING?

"THE investigator advances knowledge. The interpreter advances progress," wrote Glenn Frank, the President of Wisconsin State University. He was not writing particularly of nursing or of the work of the Grading Committee, but the quotation is apt, for the studies of the Committee are now at the stage where they require interpretation in order that every nurse everywhere may understand their significance for individual nurses.

The studies are bringing out unmistakable facts about nursing in a fashion not to be gainsaid by carping critics. Knowledge of nursing is being advanced steadily. Week by week and month by month the work goes on. As this is written, reports from registries of all types are being studied. The results will give a vivid and illuminating picture of the uneven and often inadequate employment of private duty nurses. Collecting a body of facts about nursing will be of little benefit to nurses or to the public if the meaning of the facts is not made clear. For example, of what use will it be to discover the approximate amount of unemployment among private duty nurses if the study is dropped at that point?

It is obvious to any thoughtful person that the studies must go on. The facts elicited to date and published from time to time in the *Journal* are but the beginning—a splendid one—but still only a beginning of a complete study. The one question of unemployment of private duty nurses cannot be answered without examining the employment of general duty nurses in hospitals, the types of service available through public health or-

ganizations and enrollment in schools of nursing, in addition to a study of certain social and economic factors in relation to health. No one branch of nursing is independent of any other. The economic and social health of one branch of the profession is dependent on that of all the others. For example, if a widespread plan for hourly nursing is to be developed, the experience and the limitations of visiting nurse associations must be taken into consideration.

Every *Journal* reader knows the present status of the studies of the Committee, for month by month its progress is recorded. On page 285 may be found a table showing the contributions of the profession to the grading plan. When the figures were reported to the Committee, of which he is a member, Dr. Suzzalo one-time President of the University of Washington, said:

The way in which the nursing profession has mobilized for the support of the Grading Committee is, I think, the most outstanding professional thing which has ever entered my experience.

This was praise indeed but—that is the way nurses are. They stand together, with their backs to the wall when need be, and they will continue to support this program to a glorious conclusion. The next effort will be to complete the fund of \$100,000 which the Committee on Financing hoped for. As the report shows, \$36,111.35 is the amount actually received or pledged in addition to \$22,500.00 given and pledged by the three National Associations. Alumnae, district and such state associations as may be having meetings in April will shortly be asked to discuss Grading at those meetings. The *Journal* articles

and the five-year program which may be obtained from the Grading Committee give the facts. What is needed, in every association, is an interpreter who can and will discuss the facts. When every nurse understands the fundamental nature of the studies, the influence such studies are bound to have on her own professional life, there will be no question as to what she will do. She will vote to have the association, whichever one it may be, add a substantial sum for grading to its budget, she will give at least one dollar from her own pocket. Best of all, she will begin studying the reports of the Committee in relation to her own problems and in relation to the community in which she lives. What Price Grading? It is said to be \$200,000. What *value* grading? It can be evaluated only in terms of the intelligence of the profession in interpreting and utilizing the facts to "advance progress."

A CONFERENCE ON UNIVERSITY SCHOOLS

THERE is as yet no very generally accepted pattern for schools of nursing in universities, nor was one clearly drafted during the four-day Conference held in New York in January. None the less, the days were rich in suggestive and fruitful discussion which will surely lead to a more clear-cut evaluation of some of the rather loose relationships now existing between the two.

The Conference was arranged by the National League of Nursing Education, through its Committee to study Nursing Education in Universities and Colleges, and Teachers College. It began with an open meeting in Milbank Chapel, where Miss Nutting presided over a morning session and Miss Goodrich over the one in the afternoon. On these programs ap-

peared Dean William Russell of the College, Dean Darrach of the College of Physicians and Surgeons, Dean Winternitz of the Yale Medical School, Dean Canby Robinson of the Vanderbilt Medical School, and Professor Leonard of the Department of Education, Teachers College.

It was encouraging to find Dean Russell following faithfully in the footsteps of his illustrious father and adopting an equally generous attitude toward professional education. Dr. Darrach, who is Chairman of the Grading Committee, quite naturally referred to the work of that Committee in his discussion of some of the relationships of medicine and nursing. Dean Winternitz was brilliantly direct in his espousal of the independent school of nursing and closed his address by saying that he hoped he had made it quite clear that "the evolution of nursing education must lie in the independent school of nursing," and that there is no intelligent reason why the physician should administer the nursing school. Dr. Canby Robinson, following him, quite frankly expected to be classed as Mid-Victorian for his belief that a profession must be rooted in science and that nursing which has no science of its own, unless it be psychological, is rooted in medical science and is therefore fundamentally dependent upon medicine, although he believes its schools should have financial independence. Dr. Leonard discussed the general tendency to lengthen professional curricula and to develop various levels of professional preparation and achievement.

These speeches of the opening day were frequently referred to during the quite intimate conferences which followed. Attendance at the later sessions was limited to those actively working on the programs of university

schools of nursing. Valuable studies, charts, etc., were shown and discussed; none more striking than one showing the various patterns made by the different arrangements of theory and practice. Discussion of budgets, of credits, of courses, of faculty relationships and responsibilities filled the days and those in attendance who had been sent by their universities from Canada, from the South, the West, the Middle West and the East agreed that time and money were well spent.

The addresses and such parts of the conference deliberations as it is felt may prove helpful are to be published and will be available through the National League of Nursing Education.

NURSES IN GOVERNMENT SERVICE

THERE seems to be an unusually active interest in the government nursing services at the present time. The interest is well deserved, as the heads of the services work constantly and consistently to enhance their value to the members of their corps as well as to give those who need it patriotic nursing service of a high type. American Nurses' Association headquarters receives almost daily requests for information on the registration requirement. This is as follows:

A nurse must be registered in some state before she is eligible for any of the federal services. If the state in which she is registered requires annual re-registration she should be at pains to comply, regardless of where she happens to be stationed. It is not necessary, however, for an Army, Navy, U. S. Public Health Service or a Veterans' Bureau nurse to register in each state to which she happens to be sent for duty, because when she is on duty in any one of these services she is on federal property over which the state has no jurisdiction. A Red Cross field representative nurse working in more than one state, however, must comply with the laws of the states in which she works unless, by courtesy and on request, the state has waived its requirement.

So much for the legal status of government nurses. What of their professional status? They are expected to be members of the professional organizations and if they enter government service through the Red Cross Nursing Service they are, of course, members of the American Nurses' Association, with all its implications and privileges. Nurses in government service who are subject to transfer, including those sent to posts out of the country, may be carried as active members of their alumnae associations. Those on permanent duty in Washington do not come under this ruling. Miss Bowman of the Navy Nurse Corps, writing on the subject, says:

I do not believe a Navy nurse would deliberately forsake her duty to her Alumnae Association, but we all become careless at times and are apt to overlook this important professional contact, especially when far away from the direct influence of association membership. It is for this reason I have so strongly advocated district associations sending invitations to nurses at government hospitals to attend their meetings. No one would think of entering a stranger's home without an invitation, and so nurses feel about local organizations.

Anyone who has experienced the delightful hospitality of a government hospital knows that these nurses have much to give to a district organization in return for the privilege of sharing in the professional meetings of local groups. Like all other professional activities, it is far from a one-sided situation.

Graduates of the Army School of Nursing are particularly fortunate, as the Alumnae Association maintains a secretary who has a desk in the office of the Army Nurse Corps. They have in a most definite fashion indicated their desire to uphold the profession in all ways.

The queries coming to national headquarters indicate a real concern

on the part of nurses to maintain their legal and professional status whether they are already in or are contemplating some form of patriotic service to our country.

THE RIGHT NURSE FOR THE RIGHT WORK

IN business circles it is frequently stated that competition is growing keener and that the immediate future may be difficult for the weak and less efficient organizations. In the commercial meaning of the word there is no competition in nursing, but it is true that those who are most fortunate in their natural endowment, those who have made the most serious efforts to prepare themselves for the important work of nursing, and those animated by a true professional spirit, have less difficulty in "finding themselves" than have the less fortunate or less deserving. Even the most fortunate, however, do not always find that the time and the place coincide when they are seeking employment, nor do they always find that their own ambitions have been well directed. Hence the increasing burden of vocational guidance which is being gradually taken on by many registrars and by the secretaries of district and state associations.

The intricate problem of placing public health nurses was turned over by the National Organization of Public Health Nurses to the Joint Vocational Service, Inc., which continues to study such problems as "How to secure accurate credentials" and "How to evaluate credentials." Miss Tittman and Miss Quinn, of the Joint Vocational Service say that writers of credentials tend to be over-generous—a pleasant fault but not a helpful one. Equally difficult is the wholly adverse opinion. The source of a credential, favorable or unfavorable,

as well as the statement itself has always to be properly evaluated. An explicit statement of the kind and amount of data needed for a judgment is essential in collecting information, and considerable patience sometimes has to be exercised before worthwhile statements are received. Equally important, say these two thoughtful women, is a just evaluation of every factor in the credentials received. In the Joint Vocational Service it is the custom to refer problem cases, such as those with a personality difficulty, to a committee carefully selected for that purpose, in order that any tendency to bias in the decision may be overcome by group thinking. In well administered public health organizations the supervisors constantly help the staff nurses with their personality problems. It would be a happier profession if this type of supervision, of helpful leadership, could prevail in all groups.

The problem of finding "the right nurse for the right place" seems to fall into two parts: (1) securing enough reliable unbiased data about the nurse and (2) evaluating the collected data in relation to the position to be filled. Placement bureaus and vocational services are not easily administered. If not conducted on a highly intelligent and ethical plane, the directors might easily fall into the pit of mistaking biased, unsound statements for fact. Conducted on a high plane by well informed, socially minded women who constantly study their problem—and some help may be had from books, or such a magazine as *Industrial Psychology*—these services may prove to be, not only a means for fitting job to nurse or nurse to job, but a source of renewed professional life to nurses who have come to a parting of the ways. Happily those nurses who assume the responsibility for placement service

realize the gravity of their tasks. Would that all those who write credentials would accept their responsibility in an equally unprejudiced and helpful spirit.

A DEPARTMENT OF EDUCATION

RARELY does the American Nurses' Association seek to extend its influence beyond the self-imposed limitations of nursing and health activities. So fundamental, however, is education to all else in our national life that the Board has gone on record as approving H. R. 7—a bill introduced in the House of Representatives in December to create a Department of Education. Said Congressman Reed (N. Y.) in presenting the bill:

Almost continuously since 1857 there has been before our country the proposal and need for this department. We are now beginning to realize more than ever before the wastes in funds and the losses in civic betterment and in material advancement that result from failure to establish a national clearing house for education.

The bill provides for the transfer of the present Bureau of Education from the Department of the Interior which is concerned with many things besides education, to the Department of Education. It provides also for the transfer of the Federal Board for Vocational Education and various other educational activities, wherever placed, to the new Department. The

Department head would be appointed by the President to be Secretary of Education and would have cabinet rank.

As stated by Mr. Reed in his speech, legislation of this sort has been sought by educators for many years. It is fitting that the American Nurses' Association through its membership should take an active interest in so important an educational movement and, if opportunity presents, lend active support.

SISTER DOMITILLA APPOINTED

JUST as our pages are closing, word comes that Sister Domitilla has accepted the invitation of the Committee on Grading of Nursing Schools to become a member-at-large of the Committee. Sister Domitilla is in a position to make an outstanding contribution to the thinking of the Committee. She is educational director of the School of Nurses of St. Mary's Hospital, Rochester, Minn., and is, therefore, constantly dealing with the actual problems of teaching nurses. As a member of a sisterhood, she is familiar with the problems and opportunities of the Sisters' schools. She is said by Dr. W. J. Mayo to have "not only a great knowledge of nursing but a fine social intelligence." This appointment will round out the Committee in a thoroughly acceptable fashion.



*YOU to the left and I to the right,
For the ways of men must sever—
And it well may be for a day and a night,
And it well may be forever—
But whether we meet or whether we part,
(For our ways are past our knowing),
A pledge from the heart to its fellow heart,
On the ways we all are going!
Here's luck!
For we know not where we are going.*

RICHARD HOVEY—"At the Cross Roads."

Who's Who in the Nursing World

ANY person listening to Miss Dietrich's impassioned speeches on Texas and Texas nurses might jump to the conclusion that she is a native daughter of the Lone Star State. She was, however, born and



LXXX. A. LOUISE DIETRICH, R.N.

educated in New York, and secured her training in the School of St. John's Riverside Hospital at Yonkers.

Miss Dietrich has had active service in each of the three major branches of nursing. After three years of private duty nursing in New York City, she entered the administrative field and held successive positions as Superintendent in Providence Hospital, El Paso, Tex.; Skin and Cancer Hospital, St. Louis, Mo.; St. Mark's Hospital, El Paso; and the Baby Sanatorium at Cloud Croft, New Mexico. Impressed with the need of Public Health Nursing in the southwest, Miss Dietrich took a course in Public Health Nursing at Teachers College, New

York City, and later became Supervising Nurse of the Public Health Center in El Paso, the city which for many years she has called "home."

Miss Dietrich has always been a very active worker in the professional organizations. She was President of the State Association for two terms and was the first delegate sent by the Association to a meeting of the A. N. A.; she did conspicuous service as Chairman of the Legislative Committee, and for four years has been Educational Secretary of Nursing for Texas, a position that many times has taken her the length and breadth of that enormous state.



A Good Announcement

DETROIT HOURLY NURSING SERVICE

What?

Graduate Nursing Service in the home by the hour instead of by the day for patients of wealth and moderate means alike, who do not need continuous nursing.

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1. Hourly nursing permits a better distribution of professional nursing service.
2. Present-day living demands this changing order.
3. Hourly nursing helps to answer the question "How can the high cost of sickness be met?"

Where can it be obtained?

This service is offered jointly by the Detroit District Nurses' Association and the Visiting Nurse Association of Detroit.

\$2.00 for the first hour and 50 cents for each additional half hour or fraction thereof.

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Hourly nursing is the response to a long felt need of the physician.

Department of Nursing Education

EDITED FOR THE NATIONAL LEAGUE OF NURSING EDUCATION BY
LAURA R. LOGAN, R.N.

Mental Tests and Measurements¹

BY MARION J. FABER, R.N.

MENTAL testing, which is of comparatively recent origin, grew out of the experimental study of individual differences in the attempt to formulate laws concerning human behavior. The early work in the United States was confined to the psychological laboratories of our universities and therefore had very little of practical value except as an experiment in psychology.

The first practical tests were formulated by a French psychologist, Alfred Binet, in his attempt to detect feeble-mindedness in school children by a more scientific and reliable method than the ratings of the teachers. Binet showed how unreliable and varied were the teachers' ratings:

1. Because the various ratings of the same child by different teachers as compared with each other were found to differ widely; and
2. Because one rating when compared with another at different periods as regards the same child showed wide discrepancy.

As a result of Binet's careful work, there appeared, between 1900 and 1910, the Binet-Simon scale which has been the basis of very nearly all age-scales since. An age-scale is one in which the tests are graded in difficulty up to 16 years of age. The mental age of the individual is that age given him by the tests which he is able to pass completely or in part. The chronological age is his actual

age. The quotient of the mental age divided by the chronological age will give the intelligence quotient of the individual.

Catell was the first American to formulate tests in this country (1890). At the World's Fair in Chicago, Jastrow, an eminent psychologist, had a booth at which he gave a series of tests to persons who offered themselves as subjects.

The next outstanding development in tests was the group-point scale. The immediate occasion for these tests was the World War which necessitated the testing of enormous numbers of individuals. These tests were called the Alpha and Beta Army Tests, the Alpha tests for literates, the Beta tests for illiterates. The Alpha and Beta tests are typical point scales. By a point scale is meant one in which points are given for correct answers, instead of age being used as the unit of credit. There are two hundred and twelve items, and therefore the highest possible score is 212. The men were rated, A, B, C+, C, C-, D, E. In addition, these letters were to include certain intervals between scores, a mental age being assigned to each of these letters. Thus it was possible to obtain an intelligence quotient rating. It was also possible to make many valuable comparisons and correlations as a result of these tests, since the numbers tested were literally millions. Intelligence as measured by these tests was usually found to correlate with the later progress of the individual

¹Read at an institute of the Missouri State League of Nursing Education, Kansas City, October, 1927.

and in addition, the tentative placement of the individual as the results of these tests required very few subsequent changes, showing that the measure of reliability was comparatively accurate. There are other group-point scales, such as the various types of Otis Test, the Thurstone General Intelligence Test, the Thorndike General Intelligence Test, all supposedly testing that quality which we term general intelligence.

Louis Terman of Stanford University has, in his thorough revision of the earlier Binet test, made us again realize what a fine piece of work was done by Alfred Binet. Terman was not only interested in the discovery of the feeble-minded child, but even more so in the discovery of the genius and near-genius. As a result of this he made many interesting studies of children in California. Terman's recent book, "Studies of Genius" gives the estimated intelligence quotients of many of our most eminent scientists, philosophers and literary men, some of whom were estimated by him to have intelligence quotients of 170, or even more.

Testing has recently entered new fields in response to the necessity for more accurate and scientific measuring of all manifestations of intelligence, as well as traits of personality. All types of education, in particular, will always rely upon tests to give information concerning the manifestations of intelligence. The work of Poffenbarger at Columbia, June Downey at the University of Wyoming, and Walter Dill Scott of Northwestern should be mentioned as representing a wide departure from the not as yet too well beaten path of the testing of general intelligence. Walter Dill Scott has given much of value concerning the psychology of advertising, as has Strong of Stanford University

still more recently. Poffenbarger has written a helpful and scientific test on "Applied Psychology" and his more recent book, "Judging Human Personality," has in it even newer and more startling experiments and comparisons as to the inaccurate and unscientific methods ordinarily employed by experts for the judging of human character. He further attempts to show how traditional methods can be improved or should be discarded and more scientific tests devised.

Miss Downey's viewpoint is even more unique. She calls her test, the "Will-Profile-Test." These tests supposedly discover certain personality traits such as:

1. Flexibility.
2. Aggressiveness.
3. Carefulness.
4. Finality of judgment.
5. Interest in detail.

These tests are based on the reaction of the individual to definite directions for the most part as concerns the mode of writing certain lines; for example, with eyes open, eyes closed, under distraction, disguising handwriting, and imitating handwriting.

This brief account has attempted to portray the outstanding tendencies of tests and measurements rather than to give a history of their development.

What do people really think about mental tests and measurements? Lay people usually either have implicit faith and confidence in the tests, or their attitude is one of extreme skepticism. Some lay people are so narrow-minded and so sensitive to their own limitations that they feel a stigma attached to the giving or taking of a test. Why should there be more disgrace in a mental diagnosis than in a physical diagnosis? Everyone now feels that a timely physical examination may be the means of

preventing a physical catastrophe. A mental test on the other hand may prevent our being misfits in life, which is an even more serious occurrence from every viewpoint. The possibility of measuring an individual's intelligence by a short and simple test should challenge every intelligent person's interest. The psychologist, on the other hand, appreciates that these tests are the product of a long period of experimentation although he frankly admits that there are many difficulties still confronting the tester; that the ratings of human capacities are correct only within certain limits of error, that the nature of these capacities as measured by the tests still has many unknown or as yet little understood aspects, and that abilities which were formerly thought to be indissolubly associated are, relatively, comparatively independent of each other. The psychologist also realizes that advancement of technique in mental testing is best aided by the recognition of the limitations of present methods of attack. It is our hope that the future will bring us tests of greater accuracy, greater range and more analytical power.

Present tests have been most successful as measures of the composite of mental abilities, variously defined, but usually called intelligence. Tests have failed to analyze intellectual ability into its various elements. To speculate and theorize a little, some day we may find tests which will adequately measure personality traits as well as intelligence capacity. If we were able to measure the emotions, the will, and the moral attitude of an individual, human behavior would be a relatively easy matter to predict, and therefore control. If, for example, by further experimentation the reliability of such a test as that of Miss Downey could be estab-

lished by correlation with other tests, might we not perhaps attempt to discover by careful investigation those traits and mental capacities considered most essential for success in our own profession? Why is it not possible to apply scientific measurement to the theory and practice of nursing, as well as to education and advertising? But it means hard work on our part to fit ourselves to attack this problem in a truly scientific manner, since so many professions have the "head-start."

Just what preparation should be necessary for one to undertake mental tests and measurements, as scientifically as it is being done in other professions? The minimum should be:

1. One year of graduate study in psychology, with at least three or four courses along the lines of mental testing.
2. Some practical experience, under supervision, in giving these tests.
3. A good knowledge of statistical methods in order to interpret the tests intelligently.

So far, the tests themselves have not been discussed in detail, either as to what they supposedly test, their content, or the criteria of good tests. These topics will each receive brief individual consideration. Tests in general may be said to be of two general types:

1. Those which measure general capacities.
2. Those which measure special capacities.

The first classification refers to tests of general intelligence. Intelligence has been variously defined as the strength, precision, or effectiveness or the present operation of any mental activity, or ability. An educational test seeks to measure the products of training plus achievement, while an intelligence test seeks to measure the original capacity the individual has for the acquirement of such skill or knowledge.

The second classification refers to

tests of special abilities which measure special aptitudes, such as musical ability. Mental tests aim to test those abilities common to the experience of all persons who are to be compared, or it is assumed that the experience in the group tested in the activities present are equal or nearly equal. A mental test may be defined as an instrument for the measurement of relative mental capacity, either general or special. A test might also be defined as a standard assortment of tasks or exercises of such a character that the subject's performance in these tasks can be conveniently, reliably and accurately scored in numerical terms. Such a score usually represents the number of correct responses given in a prescribed interval of time. The nature of the tests depends upon three factors:

1. Age of subject.
2. Kind of ability to be measured; for example, memory, music, mechanical ability or executive ability.
3. Whether ability is of specific or general character.

The further plausibility of tests should be brought to the lay mind on the basis that measurements made by mental tests have been standardized. This standardization concerns:

1. The materials used in the tests.
2. The methods of procedure in giving and scoring the results.
3. The norms with which the scores of individuals are compared.

The practical use of tests here in our school at present has been twofold:

1. To classify the individual tentatively into one of three groups—
 - (1) Extremely low.
 - (2) Normal.
 - (3) Extremely high.
2. The tests here also have been used in the cases of individuals where there was doubt as to the cause of poor scholastic attainment. Such a test was felt to be diagnostic as to

whether the scholastic failure was due to lack of intelligence or lack of interest and application.

A test might also be used, perhaps, to guide the director of a school as to the advisability of graduate work for a student, or as an aid in the type of graduate work which a student should select.

It might be well to quote the four generally accepted criteria of a test:

1. The content must be new to the individual tested.
2. The test must show that ability increases at successive age levels. (This would only apply to ages below 16.)
3. The test should agree with other judgments and the test should be a standardized one.
4. The test should have high reliability, that is, it should give the same results if the same individual is tested repeatedly by this test or an alternate form.

It seems to me logical to point out here that the principles used in the building of a test might also profitably be applied in building better educational examinations. If a mental test does test intellectual capacity, and if special abilities can be tested by the same method, is it not reasonable and more efficient to build state-board questions and quiz questions for the most part on this same general plan? Does not such type of examination as suggested by Patterson's booklet, "Preparation and Use of New Type Examinations," actually test intellectual ability more accurately and efficiently than the traditional essay type of question?

How would we go about building a test applied to the theory and practice of nursing? Select a group of successful nurses and a group of nurses who have demonstrated themselves as failures and, from a study of their records, obtain a series of values typical of their best performances. Of course the best performance of a nurse is a

very composite and complex matter, since the work in theory as well as in the practice of nursing care would have to receive consideration. The tester would have to do a very complex piece of work. Intelligence tests would have to be used. Tests of personality could only be applied after a large number of nurse-educators had agreed as to what qualities of character are basic for success in our profession. Then each particular kind of nursing would require a particular type of test, since certain personality traits would be more essential in one type than another. This may all sound very much up in the air, and I admit that it is up in the air as yet, but in this respect no other profession is any better off than we are, so why cannot we do a little experimentation "on our own?" The advantage of the experience of the psychologist in other professions is ours to start with. The criticism is sometimes made of the student nurse by educators in lines other than nursing that our present system of educating the nurse tends to be repressive and deadening to originality of thought. There is no necessity for such a truth, if it be one. No profession is more varied or more rich in possibilities and because of this variety and future developmental possibilities, the field of nursing offers many fascinating problems along psychological and scientific lines. It is more or less an uncharted ocean in this respect.

The work of the nurse in the past has always been considered more or less from the angle of the patient. We concede that the patient *is* the reason for the nurse. But how can we be sure that the reaction of the nurse toward a patient will be normal, helpful or stimulating to the patient in his climb back to health, unless we have recourse to a reliable method of select-

ing students whose intelligence capacity is unquestionable? It seems to me that this topic is worthy of our most thoughtful consideration.

Let us go back to the topic of the building of a test applicable to nursing. We have considered the records of nurses who are failures and of those who have been successful. We have obtained a series of values typical of their best performances. These values will constitute a direct, accurate and unambiguous measure of their ability to carry on the work of this particular type of nursing. We then test another group of very poor nurses with our test of best performance, and a set of very good nurses. If the performance of the nurses in the test-score correlates as high with her record as a nurse (good or bad), then we have found a test which will give us some degree of measure of those traits and abilities necessary to a nurse in this particular type of work. In general, a test can be used to measure any ability with which it correlates. But no ability can be measured by a test unless the correlation has been demonstrated in a sufficient number of cases.

The use of test scores as an indirect measure of any ability presupposes that this ability has been measured for some representative group of individuals. This may be accomplished in various ways; *e. g.*,

1. Production records of the group may be measured.
2. Sample records may be used as a measure. We call such records achievement tests. Quizzes and examinations are achievement tests.
3. Efficiency records may have to be made only by estimating. This rating must be done by a sufficient number of competent judges. Oratorical, debating and beauty contests are all decided by this method.

In our profession, ratings of a student's work in nursing practice

are usually made by supervisors on the floors, by means of cards upon which is a rating scale. Such a method, however, can never be as reliable as a more objective measure. One student will receive an A from a supervisor and go to another and be rated C, or even D. A test called a performance test can be employed to measure an individual's proficiency after he has been given a task. Such a test is termed, "direct." An indirect test is a predictive device in that such a test determines the individual's fitness for a task before he attempts to do this task. In our profession the predictive type of test is of great importance in determining the fitness of a student for her work. After the student has been given a predictive test and we are reasonably sure that she will succeed, we also give her performance tests from time to time which should stimulate her to make her best effort in both the theory and practice of nursing. The student demonstrating a procedure back to an instructor is "taking" a performance test. Their value need only be mentioned. But what the predictive type of test will mean to nursing depends largely upon our own contribution to this type of experimental work, for who but a nurse understands the difficulties and the needs of our profession as we ourselves do? One of the foremost reasons for the consideration of the predictive value of tests is economy in its various forms; *e. g.*,

1. Economy of our time and strength in trying to make good nurses out of poor nursing material.
2. Economy of the prospective student's time if she is not fitted for the work of this profession.

Seashore's tests of musical ability have proved reliable in predicting success as a musician. Why cannot such a test be devised to predict the success

of an applicant to our nursing schools? Another fact for future thought might be the development of further tests for the various types of nursing such as Public Health, Operating Room, Instructor, Executive, Medical and Surgical Nursing, and even Neurological and Psychiatric Nursing. Of course, I admit that this is speculation, but is there any harm in speculation when it is safe and might set somebody going in the right direction?

The value of test measurements in the selection and classification of individuals must always be compared with other means of doing the same thing. Class records, practice records on wards, would have to be compared with test-records. This method of selection must also be compared with the method of chance selection. In other words, test selection is never justified as the sole means of provisional selection unless the test has been proven many times over as more accurate, more convenient or more economical than traditional methods.

The personal interview has been and still is our most decisive factor in allowing an applicant to enter a school of nursing, provided her credentials meet the entrance requirements. How often our opinion of the applicant is reversed even before her probation period is over! Then there is her side, too. She may spend several weeks or months in the school and then feel herself unfit for the work of a nurse. If a test could tell her and us this fact, would it not be a joy? As yet there are only a few universities that admit candidates for matriculation on the findings of such a general intelligence test. But such universities feel satisfied that this is the most efficient method. At present it is only the intellectual ability of the nurse that we are testing and we admit that this is an inadequate measure of her fitness for the work, but it is at

least an objective measure which so far has shown a rather high correlation with our class records in such subjects as chemistry, psychology, anatomy. No attempt has as yet been made to see how this intelligence quotient correlates with the work on the wards, for the reason that it requires two things—a great deal of time and a thorough knowledge of statistical methods. The details of such a method have not been worked out and would require an enormous amount of time and technical knowledge as well as willingness on the part of the heads

of schools to allow this experimental work to be done. We can only hope that our profession will prove to be the fertile field for this type of experimentation that it should be. No kind of work touches more deeply the welfare of all humanity than does nursing and any means to make ourselves more proficient in the more careful selection and classification of those who are choosing nursing as a profession will be of far-reaching benefit to mankind as well as bringing to the profession itself greater love and respect on the part of all mankind.

The Relative Value of Various Types of Teaching in Schools of Nursing¹

BY SISTER JOHN GABRIEL, R.N.

AS a result of the rapid strides made in nursing education, and in direct contrast with the past, the school work of the student nurse is today by no means devoid of variety. Lecture, recitation, demonstration laboratory, library study, lesson preparation, as well as bedside nursing, all have a distinct place in the educational progress of the student in the school of nursing the same as in the progress of a student in any other institution of learning.

From the beginning, because of a scarcity of textbooks and reference material on nursing subjects, the lecture method of teaching predominated in all schools of nursing until very recently. It is only within the last decade that leaders in the educational world have recognized the relation of nursing education to other fields

of education and have been persuaded to establish advanced courses in many universities, making it possible for nurses to do research work in their profession and thereby enrich the libraries of the schools of nursing throughout the world with valuable books and periodicals that are now available for texts and references in school work.

THE LECTURE METHOD

AMONG the various types of methods used in teaching, there is probably none which has received such severe criticisms as this so-called lecture method. According to Strayer and Norsworthy, the principal criticisms of this method are:

1. It makes of the learner a mere recipient instead of a thinker.
2. The material so gained does not become part of the mental life, consequently, it cannot be applied.
3. The lecturer has no means of determining

¹Read at a meeting of the Northwestern Division of the American Nurses' Association, Portland, Oregon, June, 1927.

whether the class is getting the right idea or a false one.

4. The method lacks interest in the majority of cases.

Ernest Carroll Moore, in "What is Education," says that orators and lecturers, like books, cannot ask questions. W. W. Charters, in "Methods of Teaching," commenting on the lecture method says, "Where lecturing is the only form of instruction nobody but the teacher is working very hard."

Despite the truth of these criticisms there are occasions when the lecture method is the best one—in fact, the only one that can accomplish the desired results. Where it is necessary to present matters which must be brought together from many authorities, to rearrange outlines, to formulate conclusions, to submit the results of one's own investigations, to cover a great deal of material in a short period of time, or to develop appreciation for any subject whatsoever, one must have recourse to the lecture method.

The lecture method is frequently a means of getting the desired mental attitude. The general laws of learning emphasize the importance of the mind's set. A few minutes or a whole period spent at the beginning of a subject or a new piece of work, in introducing the class to it, may give the keynote for the whole course. The lecture method here will not only give the right emotional attitude toward the subject but also the right intellectual set as well.

It is evident, then, that the lecture method has a very definite place in methods of teaching in schools of nursing, and it always will have, particularly while our curriculum is so crowded with material that must be consumed, digested, and assimilated by the student nurse in the short period of three years. It has been

discovered, however, that the weak points in this method may be considerably strengthened by supplementing the lecture with various other class exercises. The danger is not in using this method, but in using it at the wrong time and in overworking it.

THE RECITATION METHOD

THE recitation lesson provides a means for doing the things that the lecture method has left undone. This is an effective method for developing material collected; for giving the student opportunity for expression; for testing her ability to systematize her knowledge and present in an orderly way the substance of the preceding lecture as well as correlating the material found in the textbook and outside reading. This type of exercise procures for the student the advantage of developing the power of standing on her feet and talking on a question for some minutes—a power which will be a valuable asset to her in the practice of her profession later in her life. Strayer says, "The ability to express oneself adequately on the topic under consideration will always make for effectiveness in social life."

The recitation method, as an instrument in the hands of the average teacher, consists in hearing the student repeat what she read in her textbook; better teaching, however, requires that the student give the thought of the author in her own words, and a still better use of this method would exact that the student furnish an outline on the basis of her own organization, showing what the material collected in the previous lecture, the text assignment of the day, the outside reading to which she was directed, and her own hospital experience have to contribute to the development of the lesson. To stimulate further thinking and carry the thought forward, the

student might ask herself the questions: "What does all this mean to me?" "What will it mean to my patient?" "What will it mean to the public whom I serve?"

This organizing, analyzing, and supplementing of the material gathered will give the student a means of mastering thoroughly the essential things in the assignment and of evaluating her book for what it is worth to her, not only in solving her problems but in assisting her to develop skills necessary for success in her professional career. It will give her, too, the ability to use her book to the best advantage; an accomplishment not common among student nurses.

The teacher should never lose sight of the fact that the text is at best but a reference on the subject, consequently it should not be assigned page by page or chapter by chapter but rather, topic by topic. If the lecture is on the subject of *The Ability of Bacteria To Produce Disease*, then the assignment in the text should be on that topic, though it be the last chapter in the book; for further development, all outside reading should be directed to the same end, and hospital experience should be discussed to make the practical application. When the recitation lesson merely means reciting paragraphs from the book, with little or no reference to the problems encountered by the student in the hospital wards, it has no place in the classroom. The principal danger in both the lecture and the recitation methods lies in the lack of preparation with the result that nothing new is learned and no appeal is made to the student's higher powers. A method is good, just in the degree that it challenges the student's intellect and forces her to work at her maximum capacity.

There is much to be said in favor of the type of classroom procedure that

calls for the subject to be developed by the class under the guidance of the teacher. The questions are directed to the class as a whole; each one makes an effort to answer them or asks further information about them. The teacher acts as chairman, presiding over the discussion; the textbook serves as an outline of topics to be considered. Every lesson is opened by a class discussion; it is then studied from the textbook and from as many other textbooks as are available and it is further discussed in the classroom. Individual work, recitation, lecture, and examination all seem to take part in this scheme of teaching. This method converts the recitation into a valuable exercise of thinking in which each student would seem to do her best studying under the stimulus of her companions and the teacher.

THE DEMONSTRATION METHOD

THE demonstration method affords the teacher an opportunity to present to the student, early in her course, the technic of carrying out practical procedures before she puts them into actual practice in the care of the patient. This type of teaching should work with directness and with all possible economy toward fitting each student nurse to do well and with dispatch the things in hospital work which it may reasonably become her duty to do. In common with all other methods, this type of teaching, to be effective, requires careful preparation. Every element entering into a demonstration should be made clear to the student so that she may get a correct conception of what is expected of her.

The laws of learning may be applied to the demonstration lesson as well as to other classroom procedures. It might be found helpful to expand them here in terms of guiding principles for the teacher.

1. There must be sufficient motive actuating the student to render her anxious to know how to do a piece of work, to form the habit, or acquire the skill. This is the step of motivation.

2. The student must have a correct idea of what she needs to do and how she needs to do it. This is the step of focalization.

3. The student should exert a maximum of interest, effort, and attention during the repeated acts. This is the step of repetition.

4. The student's greatest effort should be centered on the most difficult part. This is the principle of relative value.

The demonstration lesson should provide for adequacy and accuracy of responses. No exception to this correct response should be allowed.

Repetitions must be provided and are provided in the hospital wards. They may also be provided in the classroom with gradually lengthening intervals between drills.

The extent to which the learning is carried should be governed by the need the student has for it in her hospital experience.

The demonstration lesson, therefore, must be undertaken in answer to a felt need, a real and personal interest which makes instinctive appeal for mastery. To be functional to the student, the demonstration lesson must be motivated, purposeful, and meaningful.

When it becomes evident that the student understands and appreciates the need for the information, the teacher must guide her to see clearly just what she is to master and precisely how she should proceed in order to do her work effectively. She should not attempt work on something beyond the possibility of reasonably efficient mastery. It would be absurd to lead a student to attempt to develop skill in giving a hypodermic injection when she has not yet mastered the technic of making a hospital bed.

A very important factor in the demonstration lesson is, that the nature of the student's initial effort continue unchanged throughout. The educational value of this type of teaching is lost when the student con-

fronts a situation in the hospital that makes it necessary for her to change her acquired method and learn another way of doing the same piece of work. There is a great loss in economy of energy, time, and material, when floor supervisors fail to cooperate with the teacher in the school of nursing and refuse the student nurse the opportunity to carry to completion at the bedside of the patient the work begun in the demonstration room.

A demonstration should never be undertaken until the student has studied in detail the equipment needed, the procedure involved, and the results, with the reason for each step taken in the direction of producing a perfect piece of work.

THE LABORATORY

AS the function of the laboratory is better understood, its employment becomes wider and more effectual. The term does not necessarily suggest, today, test tubes and electromagnets, but its use is based upon a more fundamental characteristic. It now refers not to the form of apparatus, but largely to the form of carrying over into practice the things that have been learned in the classroom.

Five specific aims of laboratory instruction, most of which are fundamental in every laboratory exercise, may be applied to the laboratory in the school of nursing:

1. In laboratory work, the student is brought to a more direct experience of situations. She comes not only to know about things but to know the things themselves. The student nurse not only knows about the needs of the sick, but she knows their real needs from actual contact with the patient himself.

2. By the laboratory method the student is led to apply methods of study and investigation to concrete situations in life. She is made to know the "how" of things. The student nurse is given the opportunity, in her laboratory, to apply her knowledge of how to care for the sick, to use measures to prevent disease.

3. Employing the methods of study learned in the classroom, she is constantly called upon in the laboratory to observe purposefully and independently the situation itself and inductively to draw general conclusions from the data she has observed. Thus she acquires accuracy in the observation of qualities and quantities and independent judgment in the meeting of situations. The student nurse determines from her observations the condition of her patient, the degree of severity of the disease, and the definite action to be taken in reference to calling the doctor or giving a prescribed treatment.

4. If one is to ensure proper technic and manual skill, the manipulation of the apparatus is no small part of the laboratory experience. This applies to the student nurse in the use of the various instruments with which she must be familiar.

5. Verification, the fifth procedure of laboratory experience, serves its purpose in the laboratory of the student nurse by checking up results and measuring efficiency in theory and practice.

Classified on the basis of the control of the student over her material and the consequent forms of intellectual process, we find four types of laboratory procedures:

1. Experimental, which consists in forcing the phenomenon studied to occur under the control of the student.

2. Observational, by which the student becomes a more careful, accurate, and adequate observer.

3. Appreciation, in which the chief element involved is sentiment together with its expression.

4. Application, in which the chief process or method is brought to bear upon the concrete object.

After reflecting on the functions of the laboratory and the types of laboratory procedures I have outlined, is it presumptuous of me to suggest the hospital ward as a typical laboratory for the school of nursing? It is very clear that no unit of instruction can be complete if it does not take into consideration the recitation to give the method, the laboratory to apply the method, and the discussion

to measure the results of the method. The word "laboratory," however, must be used with certain reservations: To the average individual the term is so suggestive of brass instruments and mechanical manipulation that it would seem incongruous when dealing with a human being, nevertheless, these forms of laboratory procedure do find their natural setting in the hospital wards at the bedside of the patient.

The laboratory teacher in the school of nursing should be the floor supervisor and her function should be threefold: (a) To provoke thought rather than supply it. This may be done by giving hints and stimulation, when needed, for the student's intelligent procedure. The development of initiative and self-reliance so necessary for the nurse may easily be destroyed by the teacher who tells too much or repeats too often. (b) A second function of the teacher in the laboratory is to prevent waste of time and material. Students are sometimes immature, and often thoughtless, and the mere presence of a responsible supervisor will often prevent loss of time and promote a more careful use of material. (c) The third function of the teacher is that of a director. Much of the work in the hospital wards will raise the question "why" in the mind of the student and the well informed supervisor will find no difficulty in directing the student to the proper sources for an answer to her questions.

The results secured in the hospital ward, as a laboratory, should be thought out and their meaning sought. They should be called for in the classroom from time to time. Discussions such as these would make provision for the study of case histories to which the record room and the X-ray department could make valuable contributions. The unit of thought and practice, however, should always be

directed to the patient whose welfare is the pivot around which all the activity of the student nurse and the institution as a whole circulates.

LIBRARY STUDY

IN the general pursuit of knowledge, no one can confine herself to one book only, hence a library study is necessary to get a broader viewpoint of any subject. To enlarge one's point of view and come to a logical conclusion about anything it is always well to consult more than one authority; this makes it imperative for schools of nursing to look over their library equipment and to make sure that there is nothing wanting in that department. It is also very important that the student be trained to use the library; to secure this, great stress should be placed on outside reading and no assignment should be given that does not take this into consideration. The technical journals should have a place in the library and the student be referred to them occasionally to keep her informed of the current happenings in her profession as well as to awaken an appreciation within her for the things that members of her profession are doing. The student should always be required to report her library findings back to the class.

BEDSIDE NURSING

IT is said that we determine the essentials of good expression and application by reference to their

function, since expression is the transmitting to others of one's knowing and feeling experiences. If this be true, we cannot overestimate bedside teaching or the bedside clinic as a mode of expression for the student nurse. It is here, and in general in all her practical experience in the wards of the hospital, that the student nurse will find an outlet for the knowledge she has gathered from her books. This form of teaching has its dangers, however. There are to be found in a group of young nurses, as well as elsewhere, certain individual differences. Dewey reminds us that there are people who do abstract thinking as a specialty and people who do concrete thinking as a specialty. The same author says: "Every human being has both capabilities and every individual will be more efficient, and happier, if both powers are developed."

The student who seeks a method of procedure must know not merely the "how" but the "why" of her activity. Too often the so-called practical work of the student nurse at the bedside of the patient is mere imitation and it frequently happens that the head nurse evaluates the work by the "how" standard rather than the "how" and "why" standard. This mechanical application fails to fit the student for intelligent work, moreover it hinders her further development in the work, and inculcates the mental attitude and habit of imitation in all activities of life.

Department of Red Cross Nursing

CLARA D. NOYES, R.N., *Department Editor*
Director, Nursing Service, American Red Cross

JANE A. DELANO RECRUITING WEEK

A RECENT letter to Local Committees on Red Cross Nursing Service throughout the United States dealt very largely with the question of the so-called Jane A. Delano Recruiting Week. While it is expected that the Local Committees will assume the initiative in promoting the plan in localities without such a committee or a resident member of one, it is sincerely hoped that individual members of the Red Cross Nursing Service, Superintendents of Schools of Nursing, Visiting Nurse Associations or Red Cross Chapter nurses will start the movement. We are hoping that even now, preparatory to the celebration of Miss Delano's birthday, which occurs on March 12, students in schools of nursing all over the United States are making a special study of Red Cross nursing in all of its aspects—its early history, the life of Miss Delano, etc. Considerable interest might be aroused by a competitive test between the various schools in a city by writing essays, pageants, plays and arranging tableaux. Perhaps the product of the winner might be included on the March 12th program. As part of this study it is to be hoped that the Senior classes are already making out their application papers. These may be left with the superintendent of the school who may later include a copy of the final physical examination and school credential, retaining them until the necessary information on registration and alumnae affiliation can be added, after which they should be sent to the Local Committee. In order to make this entire plan, including the final rally on

March 12th a success, a good Local Committee is necessary. Representatives from the Local League of Nursing Education, the Graduate Nurses' Association, other organizations interested in nursing and the Red Cross Chapter might be included. Red Cross nurses in uniform as ushers or marshals for a student and graduate nurse procession lend color and significance to the occasion. Rousing hymns such as Florence Nightingale's favorite, "The Son of Man Goes Forth to War," add to the interest. Invitations to interested groups and friends of nurses should be widely distributed. Red Cross decorations help to make the occasion colorful. We believe the results of such a plan will not only increase interest in the Red Cross and stimulate enrollment, but will also help to increase interest in nursing as a profession.

INFORMATION FOR COMMITTEES

MEETINGS of the Local Committees—monthly, quarterly or biannually—as well as the meetings of all members of State and Local Committees at State Conventions are of paramount importance. In order to make the meeting interesting, it would be well to arrange a program. Communications from the National Committee should be read and discussed. The material contained in the Red Cross Department of the *American Journal of Nursing*, the *Public Health Nurse* and the *American Red Cross Courier* furnish valuable material for discussion. An occasional Red Cross program at a district meeting may help to stimulate interest in enrollment. Such occasions may provide

an opportunity for tracing members of the service who have not answered their annual questionnaires. Committees have been asked, when recommending names of nurses for membership, to bear in mind the following points:

1. Branch of nursing represented, for it is important that the committees represent all phases of nursing.

2. Locality in which the individual resides and whether or not she is an active member of her alumnae association.

We hope the committees will adopt a simple set of rules for their guidance, such as definite periods of service. It goes without saying that the committees should maintain a list of all chapters and chapter officials in their territory, as well as keep them informed of the presence of such a committee and their willingness to cooperate. It is highly desirable for the committee to read a report of its accomplishment at the annual meeting of the chapter. The chapters are being encouraged to include this in their program, as well as invite the members to attend.

NURSE PARTICIPATION AT AMERICAN LEGION CONVENTION IN PARIS

THE First Aid work for the American Legion was rendered by the French Red Cross in accordance with a cooperative plan that had been developed between the American Red Cross and that organization some months in advance of the Paris convention, last September. In connection, however, with this service a visiting nurse service was developed. This was under the direction of the American Red Cross. The nurse in charge was Gertrude M. Hardwick, a graduate of Bellevue Hospital, New York City, who has resided in Paris for a good many years. In sending the efficiency reports of the American

nurses who assisted, she makes the following comments:

It was most interesting work and the old spirit was in it. As you know, the French Red Cross with their three Societies of Infirmieres had charge of the First Aid work at the Cour de la Reine, alternating on twenty-four-hour duty. They succeeded each other every morning, bringing and taking their supplies. Their service covered most efficiently every requirement. Over two thousand cases passed through the station during these ten days, and fourteen hundred were actually registered. They covered everything from a minor dressing to a taxi accident, medical and preventive work. Our American Visiting Nurses (six in number) under Dr. Gros of the American Hospital at Neuilly were on call for all outside cases, and did good work, though limited. Being on the American Hospital registry was a great advantage, as they were able to arrange for transfer of their cases quickly from hotels to the American Hospital where delay in entry was eliminated by their knowledge and foresight. Both by taxi and the French ambulance at our disposal, all cases were quickly seen, a doctor obtained, all orders carried out, and quick removal effected. The service of the nurses was much appreciated and while on call they were helpful in giving information, advice, etc."

The staff consisted of two night nurses—Hilda Boyle and Katherine Kerr, and three on day—Josephine Traverse, Gladys Turner and Mabel O'Hehir, in addition to Grace Hardwick who supervised the service. Miss Hardwick further states:

The nurses did a great deal more than actually is shown in the report. It was constant service calling for initiative, tact and good judgment. Between the French Infirmieres who were most devoted, ourselves and a volunteer body of American social workers (mostly former American Red Cross personnel) the Red Cross really did a splendid piece of work. The spirit of service animated every one and the inter-allied effort was a great success. It was a great privilege to be allowed to serve.

STAFF CONFERENCES AND REGIONAL INSTITUTES

THROUGH staff conferences and regional institutes the American Red Cross makes every effort to prepare

its field and chapter workers for efficient community service. January 4-18, fifty-five field representatives from the Eastern Area of the Red Cross gathered at National Headquarters for a three weeks' institute. The representatives were divided into two groups—those who had been with the Red Cross for some time and those who were comparatively new workers. The specialists in the groups, Field Nursing Representatives, Life-Saving, First Aid and Junior, made a further sub-division. The class method was largely used. The discussions were entirely practical. Each Red Cross service was given careful consideration, even methods of public speaking were included, as well as a course of instruction in First Aid. Talks on health were introduced. The advice from Dr. Green to the class on public speaking might be helpful to almost everyone. He stated:

Red Cross speakers should strive for substantial material, not brilliant imagery or florid rhetoric. Always speak in a natural key and in a conversational manner. The days of pompous and stilted eloquence have gone by. Above everything else cultivate simplicity. Your work is both exposition and inspiration.

In addition to the regular program there were many delightful social events. Miss Boardman gave a very lovely tea to the Field Representatives and the National Staff. A dinner with dancing and cards was arranged at the Washington Country Club. There were also many smaller teas and luncheons given by the heads of Services and others. Regional institutes for chapter workers are being

held in various sections of the United States and are conducted on a similar basis.

ENROLLMENTS ANNULLED

THE enrollment of the following American Red Cross Nurses has been annulled, but their appointment cards and badges have not been returned. It is to be noted that appointment cards and badges always remain the property of National Headquarters and their return is requested when enrollment is annulled. Lillian Miriam Jacobs; Mrs. John T. James, *née* Louise M. Sannes; Agnes Mary Jaques; Cornelia James; Bessie Felismina Joaquin; Mrs. L. P. Johnson, *née* Dorathea E. Mize; Eva Johnson; Lillie Johnson; Cecelia H. Jones; Mrs. Miriam E. Joyce, *née* Campbell; Mrs. Mabel I. Kaemmerer; Armine Kassarian; Anna Marie Kelly; Margaret Lee Kellett; Elizabeth Ann Kennedy; Nora Kenyon; Harriet J. Ketter; Mrs. Charlotte Lane Kincaid; Florida Winona Kinch; Helen Louise Knapp; Mrs. A. N. Kohner, *née* Luella Barbara Jones; Mrs. Effie Koney; Della Edna Kunkler; Mrs. E. R. Kyle, *née* Flora Viola Weaver.



I HAVE elevated the profession of nursing. In former days no good family allowed its daughters to become nurses. Nursing in hospitals was done by half-trained nuns and untrained male attendants. Consequently, hospitals were looked upon as chambers of horror. Only paupers were sent there. No one would consent to have even major operations performed on themselves or on their dear ones in hospitals. Today girls of well-to-do families are vying with each other as candidates for nursing classes."—MUSSOLINI, *The Nursing Times* (London, England).



The Journal Index

A COPY of the index for Volume XXVII of the *Journal* will be sent without charge on request. Address the *American Journal of Nursing*, 19 West Main St., Rochester, N. Y.

Ethical Problems

The Editor and the Committee on Ethical Standards will be glad to consider other solutions than those offered each month to the ethical problems submitted for discussion. They will welcome additional problems.

THE American Nurses' Association is urging its component organizations to offer suggestions which may be helpful in carrying on the work of formulating a code of ethics for nurses. The following quotations are offered as a stimulant to thought.

Edgar L. Heermance, in 1924, gave the public a book entitled "Codes of Ethics" in which he gives the "code of ethics," "standards of practice," "rules of professional conduct," "canons of ethics," "principles of conduct" of over two hundred kinds of organizations, industrial and professional. In his introduction he says:

"The ethical movement of the present generation is part of the adjustment of our race to the particular kind of world in which we live. We have been learning that there are laws of ethics, as well as of physics and biology, and that they operate in much the same way. All conduct is the cause of certain effects. Practices are ethical if, in the long run, they make for the well-being of the human species and for normal human relations. If there is friction and social loss, it is a sign of unethical conditions.

"Each profession or trade has its own problems of ethics. The conduct of their members must be judged by its consequences, to the group itself and to the community. In the course of time there is likely to develop a certain standard of practice. Traditional customs are questioned and revised, in the light of wider experience. The association comes to have a fairly definite ethics, enforced by an unwritten code of honor. But there is always a fringe of unscrupulous men who are ready to disregard the accepted standard, for the sake of immediate gain. Unethical practices are not only a menace to society, they jeopardize the standing of the group as a whole, and tend to depreciate the value of its service. The enforcement of the standard becomes a matter of self-reservation.

"The written code has been found a most effective means of accomplishing this result. It makes the standard definite enough to serve as a basis for moral pressure. It edu-

cates sentiment within the profession or trade, particularly among the younger men who have entered or are about to enter. It puts the association in the proper light before the employing public, and enlists the aid of that public in enforcing the standard. In the words of Franklin D. Jones which have found their way into many code preambles: 'The ideals of men best project themselves into reality when crystallized in written documents. . . . In every line of human activity, a united written expression of that which is best for the common good becomes a strong force for progress. The mere expression clarifies the general sentiment.'

"Three things should be kept in mind by the student of ethical codes. The first is that a code of this character is designed to serve an immediate practical purpose. It is not a statement of general morality. It deals with the customs and ideals, the sins and duties, of a particular group of men. Ethical principles are stated in terms of their daily business experience. The code which falls short of this, or attempts to go beyond it, is likely to become a series of platitudes.

"In the second place the code is, with a few exceptions, not a law but a creed. As an accepted standard of practice, it may be full of social significance. As a barometer of business life, it is apt to be misleading. How far the general practice conforms to the standard set, can be determined only by a close study of each profession or trade. The code is a means of correcting trade evils and meeting professional temptations, by coöperation, definition and the setting of a goal. The chief value of the written standard is moral and educational.

"Our third reminder is that the adoption of a code is not necessarily an indication of a higher ethical standard. In many associations which have not taken this step, the code of honor and the sense of social responsibility may be as high or higher. A small organization, with a selected membership, is able to enforce discipline. The Committee on Ethics gradually builds up a series of decisions which serve as a common law for the industry."

Student Nurses' Page

Fighting Fire¹

BY VELMA CRAWFORD

Loma Linda Training School, Loma Linda, California



FIRST-YEAR STUDENTS AT FIRE DRILL

THE Freshman nurses of our school were given a very interesting demonstration of emergency fire fighting. The class, during physical education period, gathered outside where a miniature, make-believe house had been set on fire. The director of the Sanitarium and Hospital fire de-

partment had gathered together various makes of fire extinguishers found in the building, and after explaining their mechanism the nurses operated each one and the fire was speedily extinguished.

Special observation was made as to where these extinguishers are placed in the buildings.

This instruction is given to each class, soon after entering, as a valuable preventive and protective measure for the safety of the patients.

¹ We are particularly glad to publish this little article because a well known administrator and lecturer in Hospital Administration has stated that many nurses have no knowledge of fire-fighting apparatus and have never seen a fire extinguisher discharged.—Ed.

A Case Record

By ESTER ROBINSON

Mercy Hospital School of Nursing, Jackson, Mich.

MRS. J. H. was admitted, March 27, with a diagnosis of pregnancy. She had had one previous normal pregnancy.

Complaints and symptoms.—Vomiting, headaches of long duration, and convulsions, probably due to the toxemia of pregnancy.

Physical findings.—Weight, 224 pounds. Probable obesity. Blood pressure, 205/130, due probably to the toxemia of pregnancy. Heart sounds of forcible quality due to high blood pressure.

Laboratory findings.—Kahn precipitation test, negative. Analysis of urine showed albumin and sugar, negative. Specific gravity, 1022. W. B. C. due to probable kidney irritation.

Operative procedure.—Preoperative diagnosis, pregnancy with convulsions. March 27, Caesarian section, twins delivered. Uterus closed with No. 1 catgut. Pulse rate, 118, poor quality. Respiration, 18. Condition, fair.

Postoperative diagnosis.—Multiple pregnancy with convulsions.

Doctor's orders.—Caffeine, gr. ss. 4 hours, this for stimulation and elimination through the kidneys. Morphine sulphate, gr. $\frac{1}{2}$, p.r.n. to control convulsions and keep patient quiet. Drugs very effective. Potassium acetate, m xx, given as a diuretic;

effectual. Syrup of white pine, i, given for cough; good results. Hyoscine hydrobromide, gr. 1/100, given for sleep and restlessness. Hypodermoclysis of normal saline solution, 1000 c.c., p.r.n., given for stimulation and to increase amount of fluids in the body. Given with good results. Glucose and soda bicarb, 5%, per Murphy drip method given to increase fluids, also to combat acidosis. Forced liquid diet.

Nursing service.—Absolute quiet. Medication as ordered by doctor. Frequent baths to increase elimination through the skin, etc. Sedatives to control convulsions.

Sanitary and hygienic measures to prevent development of such conditions.—Proper sanitary measures. Consult a doctor as to vomiting and headache of long duration. He would probably order low protein, salt-free diet, forced fluids and complete rest in bed. Blood pressure taken frequently. Analysis of urine frequently.

This case differs from an ordinary eclampsia case in that the urine was negative for albumin and casts. The excessive weight was probably obesity.

The typical symptoms present were high blood pressure, vomiting and headache probably due to the toxemia of pregnancy.

There were no complications and the patient fully recovered.

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the names and address of the authors, though these need not be published.

A HAPPY PRIVATE DUTY NURSE

IN the December *Journal*, under "Problems of the Registry," the writer states there is no doubt but that the private duty group is the most discontented and unhappy of all nursing groups. From personal observation and personal experience I feel inclined to express a decided doubt, and as I know most about it, I will give my own case. Counting my years of training, I did institutional work for seventeen years, afterwards private duty for twenty years, and I am still doing it. There is no doubt at all in this case, the years of private duty have been more contented and happy, and though there is physical and mental strain in both, the general average runs well to the optimistic finding in private duty. Having had a very humble spirit towards the great advance in the technic of nursing during these latter years, I was surprised to read, in the January *Journal*, "Concerning Charting," that the writer quoted a complaint from the doctors as though it was not uncommon for nurses not to keep records when nursing in private homes, or keeping them on "scraps of paper," also it seems prevalent, both from this article and that of Dr. MacEachern (page 12) for nurses to record, "pain in abdomen," or "pain in chest," without a more specific description, and I look back thirty-five years to my own hospital training and do not feel quite so humble! Though in the case quoted we might have said "right iliac region" instead of "right lower quadrant"—I admit that, but declare for myself, as representing an old private nurse, that I would as soon go to a case without a thermometer (or cap) as without both clinical and fever charts, and the determination to use them to the best of my mentality and vocabulary.

L. N. I.

WANTED—INFORMATION ABOUT ALASKA

THERE are two nurses planning to go to Nome, Alaska, but before going they are anxious to know something of conditions there. Would nurses who have been there write about it, in care of the *Journal*?

California.

D. B.

A CORRECTION

IN the December *Journal*, page 1034, under "Journal Posters," the prize winner in Alabama was stated to be from St. Margaret's Hospital, Birmingham. This hospital is located in Montgomery.

JOURNALS WANTED

E. ELISE EVERS, 1428 North Ave., Bridgeport, Conn., wishes to obtain copies of the *Journal* for October, November, December, 1903, and January, 1904.

LAURA H. COUTU, 106 Forest Ave., Cohoes, N. Y., wishes to secure a copy of the *Journal* for July, 1924.

JOURNALS ON HAND

SYBILLA S. MUNTZ, 217 Lulu, Wichita, Kans., has *Journals* which she will give for the cost of transportation: 1914, July-December; 1915, complete; 1916, all except December; 1917, December; 1918, September and December; also some numbers of 1919, 1925 and 1926.



Scholarships Available

EIGHT scholarships of \$250 each are offered for the year 1928-29 by the Isabel Hampton Robb Scholarship Fund Committee. Applications will be received until May 1, next. For information and application blank, write the secretary of the Fund, Katharine DeWitt, 19 West Main St., Rochester, N. Y.



Summer Courses

THE editor of the *Journal* wishes to announce in the May *Journal* all summer courses for nurses, so that all may be published at one time for convenient reference. Will all who know of such courses, send announcements to either office of the *Journal* before April 15th?

Our Contributors

It is the pride of the Mithoefer Hospital in Cincinnati that patients receive care which is scientific, comfortable and friendly. **Winifred Culbertson, R.N.**, spent many years in specialization (she is a graduate of the Jewish Hospital School for Nurses, Cincinnati, and postgraduate of Boston Floating Hospital) before becoming Superintendent of the hospital in which Dr. Mithoefer is the Chief Surgeon.

Ada M. Olsen, R.N., is the alert-minded Superintendent of Nurses at the University Hospital, parent hospital in the cooperative plan of the University of Minnesota School of Nursing.

Louise Oates, R.N., M.A., delved for hours in the New York Public Library gathering the material on Civil War Nursing which she has so carefully annotated. It is an interesting example of one type of research.

With the modesty of the true scientist, **Dr. Konrad Birkhaug** has concluded his "Romance of Medical Research" with an all too brief description of his own work in isolating the causative agent of Erysipelas.

It is quite clear that, out of her long experience, **Margaret Galt Boise** would impress upon all aspirants to posts as anesthetists a profound respect for the practice of that specialty.

For a number of years **Dr. J. F. Montague** has used motion pictures in connection with his teaching of Rectal Diseases at the University and Bellevue Medical College Clinic, New York City. His suggestive article is therefore founded upon actual experience and not mere theory.

The success of **Mrs. Elizabeth S. Soule, R.N., B.S.**, in establishing nursing in a state university, is strikingly manifested by the very cordial relations of her department with other departments and schools on the campus at Seattle.

Carolyn E. Gray, R.N., M.A., who comments so illuminatingly on Mrs. Soule's article, is Chairman of the Committee of the National League of Nursing Education appointed to make a study of Nursing Education in Colleges and Universities.

The little article on Trachoma Victims came from the U. S. Public Health Service.

As **Edith Margaret Potts, A.M., R.N.**, a graduate of the Presbyterian Hospital School of Nursing, Chicago, was a teacher and a dean for some years before she entered training, her point of view on Supervisors' Conferences is of particular interest.

Margaret E. Herbert, R.N., a graduate of Roosevelt Hospital School of Nursing, New York City, has sailed the seas for a number of years and feels strongly that nurses who choose such service should do so because they are prepared to give good nursing service and not merely because they are lured by the romance of the sea.

Elsa Schmidt, R.N., M.A., outdid her previous brilliant record in organizing institutes for the New York League of Nursing Education. Never have so many extremely fine speakers from outside the nursing profession been gathered together for one New York program as in this instance.

Marion J. Faber, R.N., M.A., writes out of first-hand experience on the faculty of the Illinois Training School for Nurses on the increasingly important subject of Mental Tests and Measurements.

Much of the paper by **Sister John Gabriel, R.N., B.A.**, has appeared in *Hospital Progress* and will be included in a book to be published shortly. Sister Gabriel is Supervisor of the Schools of Nursing in the various hospitals controlled by the Sisters of Charity of Providence. She has an administrative office at Mount Saint Vincent, Seattle, Wash.

Report of the Nurses' Committee for Financing the Grading Plan

To February 1, 1928

"**B**Y the way, how much has the Nurses' Committee for Financing the Grading Plan raised?" This is an inquiry which comes frequently to Headquarters. When a question gets to be the "by-the-way" type, it is a pretty good indication of a determined interest which intends to know and act.

The Nurses' Committee for Financing the Grading Plan welcomes all such inquiries. The Committee began the campaign in September with the assumption that the nurses could and would raise \$100,000 of the amount necessary for the grading program budget, and the Committee believes now, even more than it did in September, that the nurses will.

The table presented herewith shows the total cash contributions and pledges from individual nurses and organizations received by the Committee to February 1. The first column is the membership of the State Nurses' Associations as secured from the A. N. A. In the majority of instances the figure represents the 1928 membership; for those states for which the 1928 membership is not available, the 1927 membership is employed. The actual cost of putting on the campaign to date is \$2,732.12, so that of the receipts and pledges, amounting to \$36,151.35, \$33,419.23 will eventually be paid to the Grading Committee. To February 1, the cash receipts were \$18,769.45, which, deducting the costs of \$2,732.12, left a balance of \$16,037.33.

But the \$18,769.45 cash actually received, and the \$36,151.35 actually received and pledged, is not by any means the total of contributions and pledges from the nursing group. The whole story is this: the American Nurses' Association paid to the Grading Committee \$7,000 by January 1 of this year and voted \$2,000 for 1928; the National League of Nursing Education paid \$5,000 by January 1 of this year (this amount included some contributions which had been sent the League by other nursing associations) and voted \$1,000 for 1928; the National Organization for Public Health Nursing paid to the Grading Committee \$5,000 by January 1 of this year and voted to contribute \$2,500 in 1928. Including the 1928 contributions, the Grading Committee will have received from the three national nursing associations, \$22,500 by the end of 1928.

If to the \$22,500 be added the \$33,419.23

above campaign costs received and pledged through the Nurses' Committee for Financing the Grading Plan, there is assured, at the present time, upon payment of pledges, \$55,919.23 from the nurses alone. This leaves \$44,080.77 to be raised in contributions and pledges by the nurses and from the nurses, in order to reach the \$100,000 goal. Will they do it and can they do it? Our Committee believes they can and will. How is told in the next paragraph.

First, it is reasonable to suppose that just as the three national nursing associations have budgeted for the Grading Committee in the past three years, they will continue to do so for the next three, that is, until the five-year Grading Committee program is completed. Secondly, just about two-thirds of the state and local associations listed in the table pledged over a period of five years; the majority of the other third contributed for 1927, with the statement that they would consider the project yearly. Third, analysis of the table will show that the largest number of the state and local associations are yet to be heard from. Probably the reason for this is that, not having included in their 1927 budgets a grading item, and operating on a narrow treasury margin, these associations have been obliged to defer a contribution until 1928. Of the 49 State Nurses' Associations, 23 subscribed by February 1; of the 284 district associations, 95 subscribed by February 1; of the approximate 1,200 alumnae, 248 subscribed by February 1; of the 28 State Leagues, 17 subscribed by February 1; of the 18 Local Leagues, 5 subscribed by February 1; and of the 17 State Public Health Nursing Associations, 5 have subscribed. To summarize, there are 1,599 nursing organizations, including the three national associations (we do not know the exact number of the alumnae, but we approximate them at 1,200), and, of these 1,599, to February 1, 396 had subscribed to the grading work. Our Committee believes that by far the majority of the so-far silent 1,203 will be heard from in 1928, and also that those individual nurses who have not mailed as yet the \$1.00 asked by the Committee, will forward it sometime within the year. So the \$100,000 goal, six figures though it is and large though it may seem, would appear to be a certainty.

CASH CONTRIBUTIONS AND PLEDGES FROM INDIVIDUAL NURSES

States	Membership State Nurses' Assns.	Individual Nurses	State Nurses Assns. Number Cont. & Pledges	Dist. Assns. Number Cont. & Pledges	Alumnae Assns. Number Cont. & Pledges
Ala.	374	\$48.00	1—\$35.00	3—\$40.00	2—\$150.00
Ariz.	147	13.00			
Ark.	400	57.00	1—25.00	1—5.00	
Calif.	5,280	440.40	1—25.00	10—475.00	16—570.00
Colo.	686	106.10	1—50.00		5—255.00
Conn.	1,565	168.00	1—10.00		7—210.00
Del.	122	17.00			1—50.00
D. C.	774	99.00	1—100.00		3—225.00
Fla.	892	50.00	1—10.00	2—75.00	1—10.00
Ga.	660	53.00	1—50.00	3—375.00	6—120.00
Idaho	77	11.00	1—25.00		
Ill.	4,455	389.50		4—70.00	18—2,710.00
Ind.	1,154	73.00	1—100.00	2—100.00	3—59.00
Iowa	1,607	112.00	1—500.00	6—360.00	13—260.00
Kans.	731	49.00		1—50.00	2—35.00
Ky.	552	50.00			2—50.00
La.	916	80.10		2—75.00	2—85.00
Maine	482	54.00			1—25.00
Md.	1,396	132.00			4—300.00
Mass.	4,058	637.60	1—500.00	5—160.00	38—1,997.00
Mich.	3,121	213.50	1—100.00	5—435.00	6—300.00
Minn.	2,189	152.10	1—50.00	1—50.00	12—481.00
Miss.	226	21.00	1—25.00		
Mo.	2,450	136.00	1—125.00	3—75.00	3—69.00
Mont.	186	31.00		2—45.00	
Neb.	799	73.10	1—375.00	2—325.00	1—15.00
Nev.	43	3.00			
N. H.	394	43.00	1—250.00		2—75.00
N. J.	1,935	206.00	1—500.00	1—100.00	5—240.00
N. Mex.	73	10.00			
N. Y.	9,765	896.00		8—1,370.00	37—4,375.00
N. C.	776	70.00		3—200.00	3—135.00
N. Dak.	185	18.00			
Ohio	3,470	329.00	1—100.00	5—228.50	15—614.00
Okla.	439	45.00			
Ore.	400	44.20	1—125.00	2—50.00	1—5.00
Pa.	7,473	769.60	1—2,000.00	1—120.00	20—960.00
R. I.	603	67.00			4—340.00
S. C.	285	35.00		1—25.00	
S. Dak.	143	19.00		1—25.00	
Tenn.	805	36.00		3—310.00	2—125.00
Texas	1,778	113.05		2—35.00	1—10.00
Utah	210	23.10	1—125.00		1—50.00
Vt.	256	18.00			
Va.	721	99.00			1—5.00
Wash.	1,134	92.00		6—300.00	1—50.00
W. Va.	417	41.00			1—10.00
Wis.	1,166	157.00		9—675.00	8—767.00
Wyo.	89	11.00		1—25.00	
Foreign..		57.00			
Grand Totals.	67,859	\$6,468.35	23—5,205.00	95—\$6,178.50	248—\$15,737.00

FINANCING THE GRADING PLAN

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AND NURSING ORGANIZATIONS BY STATE TO FEBRUARY 1, 1928

State Leagues Number Cont. & Pledges	Local Leagues Number Cont. & Pledges	State Public Health Nursing Assns. Number Cont. & Pledges	Visiting Nurse Assns. Number Cont. & Pledges	Student Gov. Assns. Number Cont. & Pledges	Totals
					\$273.00
					13.00
		1—\$5.00			92.00
1—\$125.00		1—10.00			1,645.40
1—50.00					461.10
				1—\$5.00	393.00
					67.00
1—50.00					474.00
					145.00
1—25.00					623.00
					36.00
1—250.00					3,419.50
1—100.00					432.00
					1,232.00
					134.00
1—50.00		1—10.00			160.00
1—12.50					252.60
					79.00
					432.00
					3,294.60
1—125.00					1,173.50
1—25.00					758.10
					46.00
1—50.00	1—\$10.00				465.00
					76.00
					788.10
					3.00
					368.00
					1,046.00
					10.00
1—500.00	2—330.00		1—\$10.00		7,481.00
1—50.00					405.00
					68.00
1—75.00			3—25.00		1,296.50
1—50.00		1—25.00			120.00
	1—50.00				299.20
1—250.00		1—125.00			3,899.60
					782.00
					60.00
					44.00
1—25.00					471.00
					183.05
					198.10
					18.00
					104.00
					442.00
					51.00
	1—145.00				1,744.00
					36.00
					57.00
17—\$1,812.50	5—\$535.00	5—\$175.00	4—\$35.00	1—\$5.00	\$36,151.35

MARCH, 1928

At a meeting of the Committee on January 17 it was voted:

That the District Associations and the Alumnae Associations be asked to feature with a proper speaker the work of the Committee for the Grading of Nursing Schools and the need for contributing to the work of this Committee, at their April meeting or the meeting nearest that date

and

That the State Associations, District Associations, and Alumnae Associations publishing bulletins be asked to give space to the purpose of the Committee for the Grading of Nursing Schools and promote support thereto.

Letters from the Committee transmitting these requests will go to the associations. If the zeal and fine coöperation of the nursing groups in the past furnish any measure for prediction of what they will do in the future, the months of April and May will hear the grading program discussed from coast to coast and, with this larger understanding, a long stride will be made toward the \$100,000 goal.

CARRIE M. HALL, *Chairman*.

BLANCHE PFEFFERKORN, *Secretary*.



Too Late for Classification

Arizona: THE ARIZONA STATE NURSES' ASSOCIATION is preparing to hold its annual convention in Tucson this year, contemporaneously with the meeting of the physicians of the State, on April 25 and 26. In order to provide adequately for this auspicious event, the nurses of District No. 2 gave a delightful dance in Tucson which was both a financial and a social success.

The first year book of the Arizona State Nurses' Association is now going through the press, and will be ready for delivery at the time of the Convention. It promises to be the beginning of big things for the profession in the state and throughout the Southwest.

In connection with the convention there will also be a series of interesting and significant exhibits, gathered from the "Baby State" association and her twenty-six sisters. There will be sample copies of the *American Journal of Nursing*, and many other good things provided by the American Nurses' Association and the National League of Nursing Education, to say nothing at this time of all the commercial exhibits.

West Virginia: THE WEST VIRGINIA BOARD OF EXAMINERS FOR REGISTERED NURSES will conduct examinations at the

new Charleston General Hospital, Charleston, and at the Ohio Valley General Hospital, Wheeling, on April 16, beginning at 8 a. m. Mrs. Andrew Wilson, Secretary, 1300 Byron St., Wheeling.



Tularemia

FOUR hundred and twenty cases of tularemia have been reported, of which 17 have died. This places the mortality at about 4 per cent. These figures embrace only the cases which have been reported to the Public Health Service, but considering the newness of the disease, they probably represent only a portion of the actual number of cases and deaths.

Cases have now been reported from Japan, from the District of Columbia and from thirty-seven states, the nine northeastern states, being the only significant portion of the United States in which cases have not been recognized.

As a rule, when the infection has come from a rabbit, some injury has been inflicted on the hand while dressing the rabbit, although a manifest injury is not necessary for infection to occur. Usually an ulcer develops at the site of infection accompanied by enlargement of the lymph glands which drain the ulcer. Fever is always present and continues for two or three weeks. The site of infection from tularemia may be located on any part of the body other than the skin of the hands, if due to tick bite or fly bite. The diagnosis of tularemia is confirmed by a blood test. One attack confers immunity in man. Rest in bed is the most important treatment. The enlarged lymph glands should be opened only after pus has definitely formed.

The infection has never been found, in nature, in domesticated rabbits raised in rabbitries.

No preventive vaccine or curative serum has yet been perfected, nor has any special drug been found effective against tularemia.—*Health News*, U. S. Public Health Service, February 14, 1928.



Out of the Mailbag

"I AM a private duty nurse and I read the *Journal* from cover to cover every month. I find it quite indispensable and I always encourage new graduates to subscribe to it and read it regularly. The *Journal* does a great work for private duty nurses.

D. C.

J. P. W.

NEWS

[NOTE.—News items should be typed, if possible, double space, or written plainly, especially proper names. Send items to *American Journal of Nursing*, 19 West Main St., Rochester, N. Y.]

American Nurses' Association



DIGEST OF MEETINGS OF THE BOARD OF DIRECTORS, JANUARY 17-21

The creation of a registry committee to study and define more clearly the term "Official Registry"; authorization of a committee to develop uniform technic relating to state and department transfers, and a study of Relief Fund beneficiaries with the aim of evolving a plan for efficient follow-up work among them, were conspicuous actions of the Board of Directors of the American Nurses' Association at its January meetings. Following is a digest of the minutes:

Presidents' Portfolio Planned.—Acting upon the recommendation of Miss Geister, it was voted to prepare and distribute a Presidents' Portfolio, a compendium of data relating to the common affairs of the state and national organizations. Because the state association is the medium through which the American Nurses' Association reaches its final constituent, the individual nurse, the importance of a functional tie-up is imperative. Hitherto it has been necessary to maintain a constant repetition in the information service from Headquarters, supplying the information needed by each new president of a state. The institution of this portfolio will, it is expected, eradicate this repetition as it will allow a president to pass on to her successor in office this loose-leaf book containing all the forms used by National Headquarters in its relations to the states. These forms, informative pamphlets and other types of illustrative matter, cover all aspects of the work of Headquarters in its relation to the states. Com-

piled with brief descriptions in the Presidents' Portfolio, these forms will be of great value to successive state presidents and will eliminate the constant repetition hitherto maintained at Headquarters.

Committee on Transfers Created.—A small committee is to be appointed to develop a uniform machine of transfer for the members of the American Nurses' Association going from state to state or from one district to another within a state. Work will be done also by this committee on the forms necessary for such transfers.

To Study Official Registries.—In the efforts of the A. N. A. to include in its "official" list, all registries coming within the bounds of that term, Headquarters has been asked repeatedly to rule on "borderline cases." As a result of these perplexing problems a committee was appointed to study and to make further recommendations regarding the term "official registry" and to discuss with the Headquarters' Director, problems arising from the definition of that term.

Relief Fund Action.—The demonstration through graphs of the fact that Relief Fund beneficiaries are growing in a number entirely out of proportion to the contributions to the fund, resulted in a decision to employ the services of a trained worker to make a study of these beneficiaries and to submit a plan for efficient follow-up work among them. Physical examinations for student nurses during their course of training and immediately prior to graduation were stressed as was the importance of all possible publicity regarding the Relief Fund, this publicity to include emphasis on the securing of individual insurance against sickness and disability.

Reciprocal Relations.—The request of the College of Nursing, Ltd., for a decision from the A. N. A. relative to the matter of reciprocity between the two organizations was discussed and it was voted that a reply be sent, setting forth the fact that legislation governing the practice of nursing in the United States is on a state rather than a national basis, and, therefore, cannot be influenced by any decision of the American Nurses' Association; that state registration is a requirement for membership in the A. N. A., and that the individual nurse has A. N. A. membership through her alumnae, district or state membership. Further, that the situation

at times is difficult for the nurses and that it would be desirable to have more uniform legislative requirements in our states.

Legislation Considered.—It was voted that the Legislative Section direct a study toward state registration examinations looking toward an exchange of service and a uniformity of registration as far as possible under existing regulations and toward recommendations that might be made for the future. There was discussion of the question of a more uniform examination for state registration of nurses and of the advisability of the appointment of a committee to study the matter.

Biennial Plans.—Details of plans for the Biennial Convention at Louisville, June 4-9, were left to the Permanent Committee at Headquarters. It was agreed to appoint with N. O. P. H. N. a joint committee to consider the advisability of a triennial rather than a biennial convention. It was voted, also, that states be asked to instruct their delegates to come to the biennial prepared to vote on the question of the completion of the American Nurses' Memorial in Bordeaux, France. The Advisory Council meeting was announced for Sunday, June 3.



The American Journal of Nursing Company

The annual meeting of the stockholders of the American Journal of Nursing Company was held at the Pennsylvania Hotel, New York, January 19. Reports of the work of 1927 were given by the President of the Journal Board, Miss Henderson; by the Treasurer, Miss Riddle; by the Editor, Miss Roberts, and by the Managing Editor, Miss DeWitt. The following were reelected as members of the Board of Directors: Elizabeth G. Fox, Stella Goostray, Bena M. Henderson, Sally Johnson, Elsie M. Lawler, Mary M. Riddle, Elsiebeth Vaughan.

At a meeting of the Journal Board which followed, the following officers were elected: President, Bena M. Henderson; secretary, Stella Goostray; treasurer, Mary M. Riddle.



Report of the Nominating Committee, American Nurses' Association

The Nominating Committee hereby submits the names of nominees for officers of the

American Nurses' Association for 1928-30 tabulated from the returns from State Associations.

For President: S. Lillian Clayton.

For Vice President: Elnora Thomson.

For Second Vice President: Jane Van De Vrede.

For Secretary: Arabella Creech, Susan C. Francis.

For Treasurer: Jessie E. Catton.

For Directors (three to be elected): A. Louise Dietrich, Dora Cornelisen, S. Gotea Dozier, Carrie M. Hall, Sally Johnson, Elizabeth Golding, Emilie Sargent, Johanna O'Connor.

ELLA W. HARRISON,

Chairman,

MARY C. McKENNA,

JESSIE J. TURNBULL,

ELLEN C. DALY,

ETHEL G. PRINCE.

One ballot not valid; 1 ballot came too late; 38 ballots counted; 40 states heard from.



The Biennial Meets in a City of Historic Interest

A very real and fundamental interest focuses this year upon the biennial convention which, meeting in Louisville, June 4-9, will place its emphasis on hourly nursing, registries and kindred problems of vital import to the nurse. Aside from these considerations, however, there is interest in the convention. Louisville, as a city, is a composite, absorbing the business energy of the north and the social grace of the south. Virtually in the center of the United States and on the borderline between north and south, its situation and history have been unique.

In Louisville was the supply base of General George Rogers Clark, who won the Great Northwest and who is buried in the beautiful Cave Hill Cemetery of Louisville. Near here, too, is the tomb of General Zachary Taylor, fourteenth president of the United States, for whom was named the camp on the southern outskirts of the city, where, during the World War, 75,000 men were trained. A forty-mile ride takes one to Bardstown where is Federal Hill, the mansion in which Stephen Collins Foster wrote "My Old Kentucky Home." Two hours distant by motor is the log-cabin birthplace of Abraham Lincoln and a little farther on is Fairview, where Jefferson Davis, leader of the Confederacy, was born.

Mammoth Cave, however, is without doubt

the most famous point of interest near Louisville. The entertainment committee is at work on plans through which, it is hoped, all the nurses will have a chance of visiting this famous place. Actually there is not one cave, but many, in this area. Mammoth, Onyx, the Hundred Domes and more than a score of others lie in that rocky district. Side Saddle is the most famous of the "bottomless pits" and the slow-moving waters of "River Styx" can be seen where they finally emerge from subterranean caverns. Within the caves are dream cities of many-colored onyx, covering the walls with fantastic shapes, and from the roofs depend inverted flower gardens of delicately designed gypsum. Equal in beauty to any scenes in the United States, Mammoth Cave National Park is worth a trip to Kentucky, not to mention attending at the same time the Biennial Convention.

Varied Exhibits Planned.—One aspect of the convention of lively interest to all attending it, will be the exhibit at the Armory. Contracts for more than 40 booths have been closed already and the displays will include such a range of matter as drugs and antiseptics; nurses' appurtenances and wash fabrics; cereals, milks, gelatins and fruits; shoes, rubber goods and kodaks.

Besides these commercial groups, the three national nursing organizations and allied committees will have their booths at which their work will be covered by inclusive displays and where some one will be in attendance throughout the convention to answer questions and explain the exhibits. Nurses are urged to arrive in Louisville early enough on Monday (the opening day) to visit the Armory and study these exhibits which they will, no doubt, wish to see several times during their stay.

Special Trains Arranged.—Caroline Garnsey has been appointed as transportation representative of the Northeastern States. This division includes New England, New York, Delaware, New Jersey, Pennsylvania, Maryland, District of Columbia. The New York Central will run a special section for members of the New England States and New York. This section will be considered part of the North Shore Limited, leaving the Grand Central Station at 12.10 p. m., June 3. Members of the A. N. A. from the northern part of Pennsylvania will join this through section at Buffalo.

Those living in Connecticut and in the territory adjacent to New York will have their choice of the New York Central or the Baltimore and Ohio, if that choice is stated at the time the reservation is made. A

special section to the National Limited is planned by the Baltimore and Ohio, leaving Jersey City at 1.30 p. m., June 3. Members from New Jersey, Delaware, Pennsylvania, Maryland and the District of Columbia will join this section at points most convenient to them.

These "specials" will comprise a through diner and observation car, with stenographic, maid and manicure service supplied. A special section of the train with all its conveniences, or a special sleeper, may be attached at any point where the number of passengers warrants. A special section requires 75 persons; a special sleeper, 15 persons. The fare is one and one-half the regular price on the certificate plan: New York to Louisville, \$31.32; Louisville to New York, \$15.66; total, \$46.98. The rate for an upper berth is \$7.20; for a lower, \$9.00. Details of arrangements will be handled by Miss Garnsey through the state executives.



Nurses' Relief Fund

REPORT FOR JANUARY, 1928

Balance on hand December 31, 1927 . . .	\$23,365.46
Interest on bank balances	20.66
Interest on investments	\$61.25
Income from Jane A. Delano Fund . . .	2.16
	<hr/>
	\$24,249.53

Contributions

Arizona: District 1, \$50; District 2, \$45; District 5, \$6	\$101.00
California: District 5, Los Angeles County, \$30; District 6, San Bernardino County, \$46; District 7, Sacramento County, \$42; District 20, Stanislaus County, \$12; District 23, Riverside County, \$50	189.00
Colorado: Gloeckner Alumnae Assn., Colorado Springs	17.00
District of Columbia: Garfield Memorial Hospital Alumnae Assn.	80.00
Florida: District 12	17.00
Kentucky: Western District, \$50; Jefferson County Graduate Nurses' Assn., \$10	60.00
Maine: Eastern District, \$9; Western District, Maine Eye & Ear Infirmary Alum. Assn. and Members, \$39; Central District members, \$27; St. Mary's Alumnae Assn., \$25; Central Maine General Hospital Alumnae Assn., \$35; Augusta General Hospital Alumnae Assn., \$5; Bath City Hospital Alumnae Assn., \$25; individual contributions, \$2	167.00
Maryland: Union Memorial Hospital, Baltimore	203.00
Massachusetts: Worcester City Hospital Alumnae Assn.	25.00
Minnesota: District 4, individual contribution, \$1; District 5, individual contributions, \$4; District 6, Naeve Hospital Alumnae Assn., \$10	15.00
Mississippi: Contribution for 1927 . . .	207.00

Missouri: Kansas City General Hospital Alumnae Assn., Kansas City.....	\$120.00
New Hampshire: Franklin Hospital Alumnae Assn.....	5.00
New York: District 1, Buffalo, Woman's Hospital Alumnae Assn., \$25; Millard Fillmore Hospital Alumnae Assn., \$25; District 2, Student nurse, \$1; District 3, Arnot Ogden Memorial Hospital Alumnae Assn., \$25; District 4, Syracuse, Syracuse Memorial Hospital Alumnae Assn., \$142; St. Joseph's Hospital Alumnae Assn., \$25; District 9, St. Peter's Hospital Alumnae Assn., Albany, \$10; District 10, Schenectady, \$50; District 11, Newburgh Hospital student nurses, \$5; District 13, Post Graduate Hospital Alumnae Assn., \$100; Lenox Hill Hospital Alumnae Assn., \$25; District 14, Long Island Hospital Alumnae Assn., \$50; student body Norwegian Hospital Alumnae, Brooklyn, \$25.....	508.00
Oklahoma: District 1, \$21; District 2, \$16.....	37.00
Texas: District 6, \$7; District 13, \$9; District 15, \$3.....	19.00
Wisconsin: Districts 4 and 5, individual contributions, \$8; Milwaukee Hospital Alumnae Assn., \$36.50; District 8, individual contribution, \$2.....	46.50
Total receipts.....	\$26,066.03
<i>Disbursements</i>	
Paid to 193 applicants.....	\$2,767.00
Salary.....	227.53
Miscellaneous expense.....	15.17
	3,009.70
Balance on hand January 31, 1928.....	\$23,056.33
Farmers' Loan & Trust Co. \$14,347.30	
National City Bank.....	3,085.64
Bowery Savings Bank.....	5,623.39
	\$23,056.33
Invested Funds.....	116,575.87
	\$139,632.20

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman. She, in turn, will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If the address of the state chairman is not known, then mail the checks direct to the Headquarters office of the American Nurses' Association, at the address given above. For application blanks for beneficiaries, apply to your own alumnae or district association or to your state chairman. For leaflets and other information, address the state chairman or the Director of the American Nurses' Association Headquarters.



National League of Nursing Education

TICKET OF NOMINATIONS, 1928

According to the by-laws of the National League of Nursing Education, "The list of nominations shall be published in the March issue of the *American Journal of Nursing*." Because of delay in completion of the work of the Committee on Nominations the list is not

ready for publication in March. The report will be completed within the next four weeks, it is hoped, so that the ticket may be announced in the April *Journal*.



Routine Procedure in Choice of Biennial Convention City

The Joint Board of the three national nursing organizations has adopted the following routine procedure in choice of a Biennial Convention city. Any state nurses' association wishing to file an invitation for the 1930 Biennial should secure at once the application form from the American Nurses' Association and return it to the A.N.A. by April 1, 1928.

1. Each city applicant for the next Biennial Convention will, upon request, be furnished an application form, setting forth the requirements and providing for statement of facilities offered.

2. Applications for a convention must be filed two months in advance of the final vote. A committee representing the Joint Boards shall then investigate and verify, by means of authoritative resources, each applicant's claims.

3. Three applicants shall be presented, in order of their preference, to the A. N. A. for final choice. The selection of the three by the committee shall be based on:

- (a) Regional priority
- (b) Accessibility
 - Railroad facilities
 - Density of nurse population
- (c) Adequate housing facilities
 - Hotels
 - Convention halls
 - Exhibit
- (d) Local backing
 - Chamber of commerce
 - Nurses' organizations

The committee shall also give a full report outlining reasons for preference of the three cities and information about each.

4. Provision shall be made for a clear understanding, at time of final choice of city, that in the event unforeseen events indicate that the requirements as set forth in the original application cannot be fulfilled, the convention choice will be transferred to the next city in the three chosen by the investigation committee.



The Isabel Hampton Robb Memorial Fund Committee

The annual meeting of the Isabel Hampton Robb Memorial Fund Committee was

held on January 18 at the Pennsylvania Hotel, New York, eight of the fifteen members being present. Reports showed that eight scholarships of \$250 each had been given in 1927 and that nine loans had been made from the McIsaac Fund. During the year, six loans were repaid with interest. Contributions to the Robb Fund amounted to \$1,543; and to the McIsaac Fund, \$1,146.

It was decided to offer eight scholarships of \$250 each for the year 1928. Officers elected for the year are: Chairman, Elsie M. Lawler, Baltimore; secretary, Katharine DeWitt, Rochester, N. Y.; treasurer, Mary M. Riddle, Boston.

As the fund from which the scholarships are granted is made up almost entirely of the contributions of nurses, individually and through their associations, and as it is as yet a small fund, considerably restricted in the number of scholarships it can offer, the Committee is hoping that some of the earlier Robb Scholars who find themselves in a position to do so, may from time to time return some portion of what they received for the benefit of the candidates whom the Committee cannot now assist.

No report of contributions is published this month; the report for two months will appear in the April *Journal*.

Contributions for either fund may be sent to Mary M. Riddle, treasurer, care *American Journal of Nursing*, 19 West Main St., Rochester, N. Y. Application blanks and information may be obtained from the Secretary, Katharine DeWitt, at the same address.



Mid-West Division Meeting

The first meeting of the Mid-West Division of the American Nurses' Association was held January 13 and 14, in Chicago, Ill., with headquarters at the Palmer House.

Friday, January 13, Registration of members and a meeting of the Board of Directors preceded the General Session held in the Red Lacquer Room. At the General Session, Adda Eldredge, President, presided. Minnie H. Ahrens of Chicago gave an address of welcome. Reports of the Secretary and Treasurer followed. In her address, Miss Eldredge outlined the aims of the Division and stressed the importance of cooperation to bring about an even greater American Nurses' Association. The morning session closed with reports from the presidents of the five State Nurses' Associations, comprising this Division: namely, Wisconsin, Michigan, Iowa, Illinois and Indiana.

A Public Health Round Table followed luncheon. Grace Ross, Supt. of Nurses, Department of Health, Detroit, Mich., was Chairman. Active discussion concerning the following subjects ensued: (1) What Part Public Health Nurses can Take in Putting over a Full-time Health Officer Law. (2) Value of Lay Boards for Public Health Nursing Services.

Afternoon Session. Reports of the presidents of the state leagues of nursing education, reports from states concerning state laws affecting nursing and reports of state bureaus of public health nursing were read at the afternoon session. These reports, with those given at the morning session, gave a comprehensive picture of past accomplishments, present activities, and future aims of the members of the nursing profession in the several states and furnished an excellent background for further discussion of professional problems.

Nurses attending the banquet in the Grand Ball Room in the evening had the pleasure of hearing Harrison Dobbs, Superintendent, Juvenile Detention Home, Chicago, speak concerning "Contribution of the Nurse in Juvenile Delinquency." Elise Van Ness, Publicity Secretary, American Nurses' Association, was a most welcome guest.

Saturday, January 14, Breakfast. The Presidents of the State Associations were guests of the members of the Division.

General Session. Chairman, Adda Eldredge, May Ayres Burgess, Ph.D., Director, Committee on the Grading of Nursing Schools, gave an address "Grading Committee Findings." The discussion that followed was indicative of the keen interest, thoughtful response and the appreciation that the work of this Committee has inspired.

Noon, luncheon. An address of welcome given by Irene Stimson, President of the Illinois State Association was followed by an address, "Tendencies in Nursing Education," by Laura R. Logan, Illinois Training School for Nurses.

Afternoon Session. Mrs. Ethel P. Clarke, Director, Indiana University Training School for Nurses, presented the subject, "Importance of Selecting the Right Person for the Position To Be Filled." Active discussion led by Mary C. Wheeler, General Secretary, Michigan State Nurses' Association concluded the program for the afternoon session.

Following the General Session, a Directors' Meeting was held and the following officers elected: President, Mabel Dunlap, Moline, Ill.; vice president, Grace Ross, Detroit,

Mich.; secretary, Mrs. Alma H. Scott, Indianapolis, Ind.; treasurer, Cornelia Van Kooy, Madison, Wis.

It was decided to hold the next meeting of this Division in Michigan in 1929.



Army Nurse Corps

During the month of January, 1928, members of the Army Nurse Corps were transferred to the stations indicated: To Fort Banks, Mass., 1st Lieut. Annie G. Porter; to William Beaumont General Hospital, El Paso, Texas, 2nd Lieuts. Lilly A. Anderson, Margaret A. Wilson, Josipa Harjung, Hazel V. Watson, Augusta L. Short, Dorothy M. Kurtz; to Fort Bragg, North Carolina, 2nd Lieut. Christine M. Burton; to Fitzsimons General Hospital, Denver, Colorado, 2nd Lieut. Lucy R. Taylor; to Letterman General Hospital, San Francisco, Calif., 2nd Lieuts. Bertha Pucell, Martha M. Sutter, Flora Culver, Isabel F. Kellman; to Fort Sam Houston, Texas, 2nd Lieuts. Esther Klain, Caroline Hutcheck; to Walter Reed General Hospital, Wash., D. C., 2nd Lieuts. Elizabeth J. Crowley, Anna J. Crowley, Minerva O'Neale, Cora Lee Hammond; to West Point, N. Y., 2nd Lieut. Sophia F. Mickiewicz; to the Philippine Dept., 2nd Lieuts. Hartie N. Mickel, Anna L. MacDonnell, Annie E. Hynds, Mabel G. May.

Nine have been admitted to the Corps as 2nd Lieuts.

The following named, previously reported separated from the Corps, have been re-assigned: 2nd Lieuts. Ora L. Mitchell, to Letterman G. H. Estella P. Pahl, to Walter Reed G. H., Freida A. V. Brandiger, to Fitzsimons G. H.

The following named are under orders for separation from the Corps: Catherine R. Anderson, Marion B. Bloom, Alice L. Carper, Frances M. Caskey, Elinor Shirley.

JULIA C. STIMSON,
Major, Army Nurse Corps,
Superintendent.



Navy Nurse Corps

REPORT FOR JANUARY

Appointments: Six.

Transfers: To Chelsea, Mass., Grace B. Lally; to Great Lakes, Ill., Ella B. Elwell; to League Island, Pa., Mollie Detweiler, Chief Nurse, Eva B. Moss, Chief Nurse; to Mare

Island, Calif., Della A. Killeen, Susan J. English; to Newport, R. I., Pearla V. Hoyle; to New York, N. Y., Elizabeth D. Bushong, Luama A. MacFarland; to Norfolk, Va., Laura V. White, Mildred E. Smith; to Philadelphia, Pa., Aircraft Dispensary, Della V. Knight, Chief Nurse; to Puget Sound, Wash., Polly E. Frost; to San Diego, Calif., Janet C. McAdie; to U. S. S. Relief, Ruth Abrams, Gertrude Schneider, Helen C. Gavin, Esther Sorensen, Mary Gaidos, Gladys C. Martin.

Fern M. Andre has completed a course in instruction in Laboratory Technic at the Naval Medical School, Washington, D. C., and has been ordered to the Naval Hospital, Norfolk, for duty.

Honorable Discharge: Marie Weaver, Mary Margaret Pare, Margaret W. Barnes.

Resignation: Lorain K. Naughtin, Elizabeth D. Hembree, Bernadette Brady.

Transferred to Retired List: Louisa Eleanor Langstaff.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.



U. S. Public Health Service

REPORT OF THE NURSING SERVICE FOR JANUARY

Transfers: To Boston, Mass., Helene Bonner; to Washington, D. C., Elva Dickerson, Alcesta Owens (statistical section); to Louisville, Ky., Elva Denning; to Stapleton, N. Y., Viola Stone.

New assignments: Eight.

Reinstatements: Nella Seay Stross, Helen Allen, Ethel Samuelson, Lola Scanlon Clark, Anna C. Parker.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.



U. S. Veterans' Bureau

REPORT OF NURSING SERVICE FOR JANUARY

Assignments, new: Thirty-five.

Transfers: To Ft. Lyon, Colo., Julia Meade, Chief nurse; to Bronx, N. Y., Elona Underwood; to Palo Alto, Calif., Anna Coffet, Rilla S. Whiteford; to Outwood, Ky., Cora L. Sorrells; to Memphis, Tenn., Ethel Nunley; to Livermore, Calif., Jennie Clark.

Reinstatements: Annie Gaston, Lila O'Neal, Mattie W. Barry, Judith Stenson, Amelia Gagnon, Myrtle La Flame, Ella Parker,

Jessie Hall, Ruth A. Warren, Mary A. Swingle, Lucy Woillard.

MARY A. HICKEY,

Superintendent of Nurses, U. S. V. B.



Indian Service

Appointments: Nine.

Transfers: To Shawnee Sanatorium, Shawnee, Okla., Florence J. Eambeau.

Resignation: Anna J. Tobin.

ELINOR D. GREGG,

Supervisor of Field Nurses.



Race Betterment Congress

Those members of the human family who are the first to apply the principles of biologic living, respect the laws of heredity and accept the findings of research workers in the fields of nutrition, bacteriology, physiology, etc., will be the ones to survive in the struggle for existence, according to the speakers at the third Race Betterment Conference recently held at Battle Creek, Mich., with Dr. C. C. Little, President of the University of Michigan, acting as President of the Conference.

The real purpose in suggesting these Race Betterment Conferences is to bring together, to unify and stimulate the activities that are working for race betterment, and to get the general public to thinking more about eugenics and personal hygiene and about a practical application of physiology and biology to human living.

In addition to a critical review and the presentation of the progress in vitamin research, Dr. Walter H. Eddy, Professor of Physiological Chemistry in Teachers College, Columbia University, entered a plea for more active coöperation between vitamin workers, chemists and pathologists in America toward the problem of vitamin isolation, standardization of tests and reagents. Examples were cited to show that many of our present conceptions of how vitamins act rest on conflicting and unsatisfactory observations.

Dr. Alexis Carrel, of the Rockefeller Institute for Medical Research, reported the success of his experiments in keeping alive for sixteen years several minute fragments of a chicken's embryo. Dr. Carrel said, "In spite of the fact that higher animals never reach immortality, there is some hope that the duration of their life may be artificially increased." "There is no scientific ground for maintaining that the life cycle of man is

fixed" was stated by Dr. Eugene Lyman Fiske, Medical Director Life Extension Institute. "The periodic health examination is the fundamental measure for stock-taking of human liabilities and assets. It points the way to the lines along which science must work for the improvement of the human species. By such examinations the death rate has been cut in half among middle-aged people."

Dr. Franklin H. Martin, Director-General of the American College of Surgeons, and President of the Gorgas Memorial Institute, said: "It is estimated by the Gorgas Memorial Institute that, in 1927, 5,000,000 individuals asked for periodic health examinations who had never before sought such service. Thinking and educated people are beginning to demand periodic health examinations. We predict that within five years at least 50 per cent of the 125,000,000 inhabitants of the United States and Canada will demand this valuable service."

Dr. Edward Alsworth Ross, Professor of Sociology, said: "In the current phase of our civilization the plane of constitutional efficiency of the advanced peoples is probably being lowered. One reason is that, more and more, incapables and weaklings are being so sheltered and cared for that they are able to rear their progeny. Beside saving worthy persons from the consequences of their misfortunes, philanthropy is saving the unworthy from the results of their incompetency and misconduct. In all previous stages of society, fools and weaklings disappeared early; but now, they are not only kept alive, but are assisted to maintain homes in which they can raise children. . . . Broadly speaking, those who rise in life or attain any worthy form of success find out how to curtail the size of their families and do curtail them. On the other hand, it is made dangerous to give this information to ignorant and poor couples, many of whom find themselves to be in the greatest need of it and desire it keenly."

On the subject of the "Lengthening of Human Life," described by Professor Irving Fisher of Yale, he quoted Dr. Hornell Hart of Bryn Mawr College to the effect that by the year 2000 the average duration of human life will be 100 years and that many babies will then be born, destined to live to be 200.

Dr. H. E. Randall, President of the Michigan State Medical Society, emphasized the importance of sterilization as a means for eliminating the feeble-minded.

In his discussion of the "Alarming Increase in Tuberculosis Among Young Women, Due to Insufficient Nutrition," Dr. S. Adolphus Knopf of New York City, said: "As causes for

this greater frequency of tuberculosis disease among our female population between the ages of 15 and 30, there are, first, the flimsy modern dress of thin material, the sleeveless waist and short skirt, and the low shoes and thin silk stockings worn in the coldest weather; second, and equally important, the insane desire for a boyish appearance, causing intentional undernourishment—the fear that in spite of a good appetite a good meal will produce overweight, ignoring the fact that ten to fifteen pounds overweight between the ages of 15 and 25 are far less dangerous than the same number of pounds underweight. To enhance the boyish appearance, not a few compress their mammary glands by brassieres and rubber bands, endangering the physiological function of those organs when they marry and when motherhood comes to them."

In speaking on "The Criminal in Everyday Life," Dr. William J. Hickson, Director of the Psychopathic Laboratory of the Municipal Court of Chicago, said: "In applying itself to the undertaking of ending crime, and saving society from the dominance of the unfit, science has two recommendations to make: (1) Segregate congenital defectives before they have an opportunity to commit crime. (2) Make it impossible for defectives to reproduce their kind."

At the conclusion of the Conference, a message was read from Mrs. Mary F. Henderson, Washington, D. C., through whose generosity the work of the Race Betterment Foundation will be perpetuated. The message read: "The attention of the thinking men and women of America is at the present moment focused on Battle Creek, Mich., where the Race Betterment Conference is in session at the Battle Creek Sanitarium. It is to be hoped that the great body of scientific men and women gathered there will, by their deliberations and discussions, help to solve some of the great problems that must be solved to save the human race and to build up an aristocracy of health. The world needs wise leaders to show the way out of the dark ages of degenerate habits and disease-producing customs and to teach the canons of biologic and physiologic rectitude, thus standardizing human living on a scientific basis. Race betterment, through the application of science to human life, is the world's greatest need."



Catholic Hospital Association

The thirteenth annual convention of the Catholic Hospital Association of the United States and Canada and the second annual

Hospital Clinical Congress of North America will be held in the Cincinnati Music Hall, Cincinnati, Ohio, June 18 to 22. The fourth annual convention of the International Guild of Nurses will be held at the same time, in the same building, at night meetings.

This Convention and Congress will be one of the largest and most important hospital meetings of the year, and will comprise general scientific meetings, special clinics or demonstrations of hospital departments, and three hundred special commercial and educational exhibits. Outstanding authorities in medicine, surgery, pathology, nursing, dietetics and hospital administration, architecture and engineering will lecture and demonstrate in specially planned clinics representing the various departments of the modern hospital. A professional program of the highest interest and value is now being formulated, and all persons interested in medical and hospital service are cordially invited to attend. Further information may be obtained from John R. Hughes, M.D., Marquette University, Milwaukee, Wisconsin.



Institutes or Special Courses

New Jersey: The third Nursing Education Institute, conducted by the New Jersey League of Nursing Education, was held in the large auditorium and classroom of the Nurses' Residence of the Jersey City Hospital, Jersey City, January 27-28.

The following program, prepared by the Institute Committee, of which Jessie M. Murdoch, President of the League, was chairman, proved to be of unusual interest.

January 27, Morning.—Address, Florence Dakin, Educational Adviser, New Jersey State Board of Examiners; "The Relation of Institutes to Nursing Education," Carolyn E. Gray, Chairman Committee on University Relations; "Tracheotomy," Edgar Burke, M.D.; "Nursing Care of Tracheotomy Case," Esther Banton.

1.30.—Visit to School for Crippled Children.

Afternoon.—"A Lesson in Physiology," Elizabeth Vandertill; "The Value of Hobbies," C. P. Moody; "Elementary Materia Medica and Solutions," Mary M. Peterson.

January 28, Morning.—"Deductions Based on Results of State Board Examinations on the Teaching of Subjects in the Curriculum," Elizabeth Higbid, President New Jersey State Board of Examiners; "Health Values," Howard S. Forman, M.D.; Demonstration,

Corrective Exercises and Gymnastics, Students of Preliminary Class.

Luncheon and Conference of Instructors.

Afternoon.—"Value of Teaching Oral Hygiene to Nurses," Helen Monroe Beck, D.D.S.; "Ethics in Teaching," Rev. Harry L. Everett; report of Instructors' Conference.

Those who took part in the program brought rich food for thought. Simplified procedures and methods in teaching student nurses, and the great need of spiritual and physical development, were stressed by everyone. The Institute had a record attendance, and all were agreed that it was by far the best Institute New Jersey has had.

The Jersey City Hospital and School of Nursing were hosts for the two-day session, and extended gracious hospitality.



Commencements

New Jersey: Elizabeth.—ST. ELIZABETH HOSPITAL SCHOOL OF NURSING, a class of ten on December 22, with an address by Father Alexis.



State Boards of Examiners

Arizona: THE ARIZONA STATE BOARD OF NURSE EXAMINERS held their annual meeting in Phoenix, January 20 and 21. Helen Vivian Egan, 618 N. Fourth Street, Phoenix, was elected President of the Board; Catherine Owen Beagin, Box 248, Prescott, was re-elected secretary-treasurer.

Colorado: THE COLORADO STATE BOARD OF NURSE EXAMINERS will hold its next examination for state registration of graduate nurses in Denver, April 24-28. For further information, write to Louise Perrin, Secretary, Capitol Building, Denver.

Iowa: The regular quarterly examination was held January 26 and 27, at the State House, Des Moines. One hundred and forty-one applicants wrote examinations and eleven were registered by reciprocity. On January 27, an Advisory Committee, made up of the State Health Commissioner, the three members of the State Board of Nurse Examiners, the President of the State Association, the President of the State League, the Director of Nursing Education and two Superintendents of Nurses, was formed. The Committee is purely advisory in character and is for the purpose of discussing policies of the Board of Nurse Examiners and Division of Nursing Education.

MARCH, 1928

Louisiana: The next examination of THE LOUISIANA NURSES' BOARD OF EXAMINERS will be held in New Orleans and in Shreveport, May 1 and 2. For further information, address Julie C. Tebo, Secretary, 1005 Pere Marquette Building, New Orleans.

Minnesota: THE MINNESOTA STATE BOARD OF EXAMINERS OF NURSES will hold examinations on April 12, 13 and 14, beginning at 9 a. m. in St. Paul, the new State Capitol; Duluth, St. Mary's Hospital; Rochester, St. Mary's Hospital; Crookston, St. Vincent's Hospital. Students must have completed their course by April 12 in order to take the examination in April. Applications accompanied by the fee of \$15 must be in the hands of the Secretary, Leila Halverson, Old State Capitol, St. Paul, by March 28.

Missouri: THE MISSOURI STATE BOARD OF NURSE EXAMINERS changed its address on March 1 from Chemical Building, St. Louis, to Capitol Building, Jefferson City.

North Carolina: THE NORTH CAROLINA BOARD OF NURSE EXAMINERS will hold examinations April 10, 11 and 12, in Raleigh. Applications may be procured from the Secretary, Mrs. Z. V. Conyers, Box 1307, Greensboro, and must be returned by April 1.

Ohio: When the work of a state department increases to the extent that it outgrows its present quarters then it is time to move. The State Medical Board and the Department of Nurse Registration are now located in the Ohio State Savings Association Building, Third and Gay Street, Columbus.

Oregon: THE OREGON STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES will hold an examination for applicants for registration on Thursday and Friday, April 26 and 27, at Cathedral Hall, Portland. For further information address Grace L. Taylor, Secretary, 448 Center Street, Salem.



State Associations

Connecticut: The twenty-third annual meeting of the Graduate Nurses' Association was held in New Haven, February 7, 8, and 9, and was one of the best meetings ever. *February 7* was given to the meeting of the Educational Section, the program of which was of the greatest interest. The round tables, whose topics were "Professional Problems" and "Some Methods by Which the Head Nurse Instructor Can Develop Her

Community Responsibility" were combined. The joint round table was then in charge of Elizabeth Melby, Yale School of Nursing. Miss Melby, with three of her staff, demonstrated what instruction can be given to mothers in the hospital. The first demonstration was by Mae McCorkell, whose subject was "Maternal Hygiene and Demonstration of the Baby's Health: the next, "Nutrition Demonstration for Visiting Mothers" by Louise O. Chanan; and the third, by Ethel Holmes, "The Demonstration of the Fundamental Problems of Posture in Relation to Growth."

At the afternoon session, a demonstration of nursing procedures with the Yale School of Nursing, class of 1930, was most interesting and instructive. The speaker of the afternoon was Elizabeth C. Burgess, Department of Nursing Education, Columbia University. Miss Burgess made the members even more enthusiastic regarding the work of the Grading Committee. The following officers were elected for the Section: Chairman, Rachel McConnell, Hartford; vice chairman, Mrs. Winifred Hart, Bridgeport; Secretary-treasurer, Maude Traver, New Britain; councilors Annie W. Goodrich, New Haven, Harriet Leck, Hartford, Effie J. Taylor, New Haven.

Wednesday, February 8, was given to the Public Health Nursing Section and the Board Members' Division. Each of these groups had a meeting in the morning, and in the afternoon a joint session. After the reports of Committees, Professor Ira V. Hiscock, Assistant Professor of Public Health Yale School of Medicine, gave an illustrated talk on the "Health Work in the Mississippi Flood Area." This was most interesting. Following this talk, three new health films were shown. The following were elected officers of the Public Health Nursing Section: Chairman: M. Elizabeth Smith, Wallingford; vice chairman, Louise Spence, Bridgeport; secretary, Gertrude Osborne, New London; councilors, Harriet Parker, Torrington, Helen Degnan, New Haven, Ethel R. Biggs, E. Hartford, Beatrice H. Williams, New Haven, Mabel Macdonell, Stamford. The Board Members' Division was welcomed by Dr. John L. Rice, Health Officer of New Haven. After the routine business, Elizabeth Melby, Yale School of Nursing, gave a most interesting talk on "Delivery Service in the Home." Different members presented things of interest, such as special articles, special magazines, and special pieces of work that were being done by various groups. The officers elected are: Chairman, Mrs. Roy E. Clark, Bridgeport; vice chairman, Mrs. John T. Roberts,

Hartford; secretary, Mrs. Alfred E. Hammer, Branford.

At the joint meeting in the afternoon, Dr. Arnold Gesell, Professor of Child Hygiene, Yale University, gave an interesting talk on the "Protection of Mental Health in Early Childhood." The next speaker, Mrs. Jessie Ross Royer, Staff Associate of the National Society for the Prevention of Blindness, brought out the nurses' responsibility in this particular subject.

Thursday morning, February 9, the Private Duty Section held its meeting with the usual business meeting and reports of Committees. There were two addresses, Dr. Dennis O'Connor of Waterbury gave one on the "Treatment and Cure of Arthritis" which was interesting and instructive. The next, by Martha J. Wilkinson, on "Why the State Nurses' Association" emphasized what so many are apt to forget, that the Connecticut Graduate Nurses' Association was formed primarily to put through state registration for nurses.

The general Session of the G. N. A. was held Thursday afternoon, Margaret J. Barrett, presiding. The annual reports of the officers and standing committees showed that the Association had one of the most successful years in its history. The first annual report of the Executive Secretary showed that the year had been marked by splendid coöperation on the part of all. Twenty-five talks were prepared and given by the Executive Secretary, eighteen of which were to alumnae associations. The report mentioned the amount of mail that had been received and sent out, and the many requests for help and advice that had been received. Special mention was made of the increase in membership since the Association started and a chart was used to illustrate this increase from year to year. During the last year there has been an increase of 451 members, making the total membership, December 31, 1,861. This increase is due to the splendid work of the alumnae associations in getting back dues paid and in interesting new members and also to the work done by Headquarters. During the year, a card catalogue of the membership has been made. Three issues of *Nursing News* were sent out, with a total of 5,489 copies. The report also mentioned the fifteen gifts that had been sent to Headquarters from individuals and alumnae associations. The address of the President emphasized the accomplishments of the past year that the amalgamation of the three organizations had brought all nurses into a closer coöperation. Miss Barrett asked for the coming year that the same helpful coöperation and friendly attitude which has marked

the work of the Association for the past year be developed even further and her hope for the future is that every eligible nurse will be a member of her alumnae, the State Association and the A. N. A.

The following officers were elected: President, Margaret J. Barrett, New Haven; vice presidents, Mrs. Philip H. LaFleur, Hartford, Katherine O'Dell, Elmwood, Norma White, New Haven; secretary, Amber L. Forbush, Middletown; treasurer, Mabel Macdonell, Stamford; directors for three years, Mary Grace Hills, New Haven, A. Elizabeth Bigelow, Meriden.

Only one evening session was held. The welcome was given by Mrs. E. G. Buckland, President of the New Haven Board of Health. Mrs. Buckland praised the work of the nurses and spoke especially of the cooperation from the public in the past few weeks when the vaccination for smallpox was being done. The address of the evening was given by Dr. Louise Farnam of Yale, on "Customs and Costumes of China."

Wednesday evening at 7 o'clock was the G. N. A. banquet with the splendid attendance of 150. A most interesting talk was given by Mrs. Alfred Bellinger, whose subject was "Modern Greece." Mrs. Bellinger was dressed in the Grecian costume of today and made a most attractive picture.

Following each afternoon meeting, tea was served. The first day at the Visiting Nurses' Association; the second day in two places, the Central Registry for nurses, and the Yale School of Nursing; the third day by the three alumnae associations—the Connecticut Training School Alumnae, Grace Hospital Alumnae and St. Raphael's Hospital Alumnae.

From beginning to end the meetings were interesting and instructive and every one left New Haven feeling that she had had one of the best annual meetings in our history. The total registration for three days was 615.

Delaware: The seventeenth annual meeting of the DELAWARE STATE ASSOCIATION OF GRADUATE NURSES was held at the Homeopathic Hospital, Wilmington, January 26. At the afternoon session business was transacted, Amelia Kornbau presiding. The annual election of officers took place with reports from officers and chairmen of committees. The newly organized Private Duty Section reported a membership of forty-eight. Activities from the Public Health Section were reported by the Committee. Through the efforts of Mabel Nodwell, chairman, the services of Harriet Frost of Philadelphia have been secured to give a course in this work. Nurses

taking this course will be given a certain amount of credit towards postgraduate work. Twelve new members were added to the Association. Miss Kornbau in her report extended appreciation to officers and chairmen for their help during the year. Dinner was served at the hospital.

At the evening session, delegates were appointed to the A. N. A. convention. Two talks were given on the extensive work to the outlying portions of the United States and its possessions. Jenny Sarg gave an interesting survey of the work in Alaska. Isabelle Wagner told of progress among the Indians scattered throughout the various government reservations in the West and the Southwest.

Florida: A STATE LEAGUE OF NURSING EDUCATION is being organized with the following officers: President, Anna Fetting, Lakeland; vice president, Helen Goetchius, Jacksonville; secretary, Georgia A. Riley, Miami; treasurer, Ella Bloomhart, Tampa.

Georgia: The New Year found Georgia nurses renewing their registrations for the first time, and the office of the State Board of Examiners of Nurses, in Atlanta, was busy issuing renewal certificates. Re-registration, along with registration, is now compulsory, and an attempt is being made to reach the three thousand nurses who have been registered in this state since 1907. Nurses whose addresses have not been known for years are communicating with the Board, and the salutary effect of annual re-registration is already being felt. Before June 1 a list of re-registered nurses must be compiled and published. Nurses wishing to re-register are urged to send in the fee of \$1, together with information as to the name under which they registered originally, as well as present name and address. District organizations of the Georgia State Nurses' Association are co-operating with the Board in sending in corrected lists of nurses. The State Association and the Board of Examiners have joint offices in Atlanta, at 105 Forrest Avenue, Northeast.

Georgia is the largest state east of the Mississippi River, and nurses over the state who are members of the State Association have sometimes found it difficult if not impossible, because of distance, to attend meetings and keep in touch with their district organization. This has been particularly true with reference to the southwestern portion of the state, and realizing this fact, the officers of the State Association, co-operating with leaders among the nurses in this section have brought about the formation of a new district,

to be known as the Fifth District, with headquarters in Columbus.

Hawaii: THE NURSES' ASSOCIATION OF HAWAII has elected the following officers for 1928: President, Mrs. J. T. Wayson; secretary, Bertha M. Bentrup.

Illinois: THE ILLINOIS STATE LEAGUE held a meeting at First District Headquarters, Chicago, on February 17. Dr. Henry Buxbaum lectured on "The History of Obstetrics" and Jane McLaughlin spoke on "Bed-side Care of Obstetrical Patients." A dinner meeting of the League will be held on March 23, at the same place, with an address by Mrs. Allan S. Milliken on "A Trip through Europe with a Scientist."

Indiana: The address of STATE HEAD-QUARTERS for Indiana is now 610 Traction Terminal Building, Indianapolis.

Maine: The annual meeting of the MAINE STATE NURSES' ASSOCIATION was held at Augusta, January 6-7, with headquarters at the State House. The morning of the first day was taken up with registration of members, sectional and executive meetings. The longest sectional meeting was that of the Public Health nurses. Edith L. Soule, Division Director of the Bureau of Child Hygiene, was reelected chairman of this section. It was voted to hold a semi-annual meeting in July, contrary to the usual custom of holding only one meeting a year. The general session of the Association was called by the president, Rachel Metcalf, at 2 p. m. The address of welcome was given by the Governor, Ralph O. Brewster. He spoke of the newer conception of health prevention, and said nurses were doing no small part in bringing this new vision to the people of Maine. A report of each district was given by each president, followed by reports of various committees. The session was concluded by the usual address by the president.

The Association convened for a banquet at Hotel North, at 7.20 p. m. with about 150 nurses present. After a musical entertainment, the program was turned over to the State League of Nursing Education. Mrs. Ann How, chairman, introduced Blanche Pfefferkorn, Executive Secretary of the National League, who spoke on "Problems of Training Schools in Small Hospitals." Miss Pfefferkorn stressed certain factors that entered into this problem, the pre-school phase, and the cost of maintaining the school as related to its size.

The second day's session was called at the

State House at 9.30 a. m. The program for the morning was in the hands of the Private Duty and Public Health sections. Betty Edgecomb, chairman of the Private Duty Section, introduced the first speaker, Elizabeth Selden, Superintendent of Nurses at the Maine General Hospital. Miss Selden spoke on "The Relation of the Private Duty Nurse to Her Community." She said probably the most desirable quality needed was the desire to give service to humanity, also that the private duty nurse was always a teacher of health in every household. Rev. Hilda Ives of Portland followed. Mrs. Ives said physical and spiritual well-being could not be separated. The nurses, doctors and ministers because of the choice of their life work must live cleaner and purer lives.

The Public Health Section presented as its main speaker, Jane Allen, Executive Secretary of the National Organization. Miss Allen spoke on "Looking Ahead in Public Health Nursing." She said it was hard to say what we would be thinking in nursing, even four years from today, but that certain trends could be noticed: Amalgamation of service, official control, how to fill our demands, development of supervision, development of lay-workers' section. Papers were given on "Nutrition" by Frances Nason, and "Tuberculosis in Children," a paper prepared by Dr. Lester Adams, Superintendent of Hebron Sanatorium, read by Dr. Amanda Stoughton. Business followed with election of officers for the coming year, as follows: President, Rachel Metcalf, Lewiston; vice presidents, Louise Hopkins, Bangor, Eleanor Campbell, Portland; secretary, Theresa R. Anderson, Box 328, Bangor; treasurer, Lou S. Horne, Portland; director, Mabel Blanchard, Portland.

Maryland: The twenty-fifth annual meeting of the MARYLAND STATE NURSES' ASSOCIATION was held in Baltimore, January 25, 26 and 27, in joint session with the Maryland League of Nursing Education and the Maryland State Association for Public Health Nursing. The meeting opened on Wednesday morning with the business meeting of the Maryland State Nurses' Association, Jane E. Nash, presiding.

At the afternoon session, Janet M. Geister, Director American Nurses' Association, spoke on "The Nurse and the Changing Order." About 200 nurses were present and gave Miss Geister a hearty welcome. That same afternoon Mrs. Charles E. Betticher, formerly a missionary in Alaska, gave a most interesting talk on Mission Hospitals, illustrated with lantern slides. The St. Barnabas Guild gave

a most delightful tea following the afternoon session.

The Wednesday evening session was held under the auspices of the Maryland State Association for Public Health Nursing, at which time Dr. Wade H. Frost, School of Hygiene and Public Health, made the address, "Some Expectations and Achievements in Preventive Medicine."

On Thursday afternoon, the Public Health Nurses held a business meeting after which Dr. William R. Stokes, Director Bureau of Bacteriology, Baltimore City Health Department, gave an illustrated address, "Bacteriology and the Public Health Nurse."

The celebration of the twenty-fifth anniversary of the Maryland State Nurses' Association was held at the Lyric Theatre on Thursday evening, at which time the superintendents, supervisors, graduates and pupil nurses, Public Health Nurses from the City Health Department, I. V. N. A. and Babies' Milk Fund attended in uniform and marched in, to the strains of an orchestra, with nurses in Red Cross capes and caps leading the procession. This was a most impressive sight as there were about 1,500 nurses in line. Students from high schools, colleges, and members of the various women's clubs occupied the boxes, while the relatives and friends of the nurses filled the galleries. This made an audience of about 2,000, the largest ever brought together at any time for a meeting in the history of nursing organizations in the state. Jane E. Nash presided and introduced the speakers. Hon. William F. Broening, Mayor of Baltimore, made the first address, followed by Dr. Winford R. Smith, Superintendent of the Johns Hopkins Hospital, who introduced the principal speaker of the evening, Clara D. Noyes, Director Nursing Service, American Red Cross. Twenty-four nurses in Red Cross capes and caps who acted as ushers added color to the occasion and had a share in making the event one of the most impressive in the history of the organization. Among the guests were Major Julia C. Stimson, Adda Eldredge, Mrs. Ethel Clark, Effie J. Taylor and Anna C. Jammé. In connection with this celebration a History of the Maryland State Nurses' Association, covering the twenty-five years, 1903-1928, had been written by Helen C. Bartlett, President Maryland State Board of Examiners of Nurses, and was distributed at the annual meeting.

The sessions on Friday were held at the Johns Hopkins Hospital under the auspices of the Maryland League of Nursing Education. At the morning session there was a Practical Demonstration, at which time the Instructive

Visiting Nurses' Association gave a demonstration of their procedure in the homes of their patients. A large and appreciative audience of nurses is always present at these sessions.

In the afternoon, Mary Marvin, Teachers College, Columbia University, talked on "The Technic of Supervision."

The meetings closed with the annual dinner at the Alcazar. After a most delightful dinner members were glad to welcome as the speakers: Dr. Dorothy Stimson, dean of Goucher College, and Effie J. Taylor, Yale School of Nursing. The officers for the ensuing year are as follows: President, Jane E. Nash; vice presidents, Elsie M. Lawler, Martha E. Friend; secretary, Sarah F. Martin; treasurer, Anna F. Zerhusen; directors for three years, Alice Lloyd Winder, Ruth M. Rhodes.

Michigan: The seventh annual PUBLIC HEALTH CONFERENCE conducted by the Michigan Department of Health and the Michigan Public Health Association was held in Lansing, January 11, 12, and 13. The nurses' contributions to this program were made by Mabel Morgan, Saginaw, with a paper on "The Nurse's Part in the County Health Program," and by Alice Ahern, on "Maternity and Infant Nursing."

New Jersey: THE NEW JERSEY STATE LEAGUE OF NURSING EDUCATION held its annual meeting on January 27. Professor Isabel M. Stewart, of Teachers College, New York, was the speaker. She spoke of the education of the nurse as being distinct from other brands of education, and of the need of special preparation, with this fact always in mind, of those who would be nurse teachers. The meeting was well attended. The following officers and directors were elected: President for two years, Jessie M. Murdoch; treasurer for two years, Carolyn Schmoker; directors for one year, Florence Dakin, Eva Caddy, Kate Madden, Minnie Ireland.

THE NEW JERSEY STATE NURSES' ASSOCIATION will hold its annual meeting on April 13, at the Hotel Berkeley-Cartaret, Asbury Park, the State League meeting at the same time.

Ohio: THE OHIO STATE ASSOCIATION will hold its annual meeting at the Hotel Ohio, Youngstown, April 11-14. The tentative program is as follows: April 11, 3 p. m., Meeting of Board of Trustees; 8 p. m., Advisory Council meeting.

April 12, 9 a. m., Registration; 9.30, Business meetings of the three sections; 10, Opening Session—Invocation, Dr. Herbert Hudson; address of welcome, Hon. Jos. Heffernan;

response and annual address, V. Lota Lorimer, President; 11, Reports of officers and committees.

1.30 p. m., Reports continued; 2.30, *The American Journal of Nursing*, Mollie Condon; 3, Paper on "Methods in the Home"; 4, "Parliamentary Law," Mrs. Emma A. Fox (meeting held in Presbyterian Church, near hotel).

7.30 p. m., Banquet.

April 13, 9 a. m., Registration; 8-10, round tables.

1. Education Section, Instructors: The problem of the student nurse who is poor in practical work but good in theory. Planning class schedule. Case studies. Using the *American Journal of Nursing*. Lesson plan—atomy. Systematic planning of practical procedures.

2. Public Health: Industrial nursing. School nursing.

3. Private Duty: Married nurses on the registry. Using the *American Journal of Nursing*. Ten-hour day. Respecting hospital rules. Education plus experience. Is nursing just taking doctors' orders? How far should the patient direct his or her nursing?

4. Principals of Schools of Nursing, Hospital Problems: Are transfer students available? Can annual budget include the hospital library in keeping it up-to-date? Clinical unit of teaching. Selection of students. House-keeping in nurses' homes. Opportunities for advancement for head nurses.

5. Registrars of District Registries, Mrs. Anna M. Creedon, presiding.

10 a. m., "Surgery Technic," J. E. Hardman, M.D.; 10.30, "Group and Hourly Nursing," Anna Gladwin and three-minute talks by other nurses; 11, "Community Resources for Teaching," Lena Dixon Walker.

2 p. m., "Grading Schools of Nursing," May Ayres Burgess; 2.30, "Relation of the School of Nursing and Hospital," Father Griffin; 4, Tea at St. Elizabeth's Hospital.

8 p. m., Open meeting with an address by Whiting Williams of Cleveland.

April 14, Closing business session.

Rhode Island: The annual meeting of the RHODE ISLAND STATE NURSES' ASSOCIATION was held at the Medical Library, Providence, January 31. Winifred L. Fitzpatrick, the retiring president, called attention to the fact that in May, the Association acted as hostess to the Biennial Convention of the New England Division of the American Nurses' Association, when over seven hundred delegates

met in Providence for three days. The total membership of the State Nurses' Association is now about six hundred and forty members, and during the year a section on Private Duty Nursing was formed within the organization. An *American Journal of Nursing* table was in charge of Nellie R. Dillon, who announced that her committee had canvassed the nursing organizations of the state, obtaining about seventy subscriptions. Reports of officers and various committees were received, and the following officers were elected: President, Annie M. Earley; vice presidents, Elizabeth F. Sherman, Muriel Eales; corresponding secretary, Mrs. Mary Lippincott Eisman; director for two years, Winifred L. Fitzpatrick; director for one year, Mary G. Hennessey. Edith Barnard who, for ten years, has served the Association as Corresponding Secretary, retired, and was presented a purse of gold in appreciation of her faithful and efficient service. Following the business meeting the president introduced Mrs. Alice Collins Gleeson who gave a most interesting illustrated lecture on Colonial Rhode Island.

THE RHODE ISLAND STATE LEAGUE OF NURSING EDUCATION held its annual meeting on January 25 and elected: President, Grace Breadon; treasurer, Margaret Love; directors, Anna McGibbon, Sara Carol, all of Providence.

South Carolina: THE SOUTH CAROLINA STATE NURSES' ASSOCIATION will hold its twenty-first annual meeting in Florence, April 11 and 12, in the Florence Library Auditorium. The tentative program is as follows:

April 11, 9.30 a. m. Invocation, addresses of welcome by representatives of the city of Florence, the physicians, the men's clubs of the city, and from District 2; response. Address by May Kennedy of Chicago, "The Aim of Education"; by Dr. Walter R. Mead, by Mary C. McKenna, and by Miss Kennedy on "The Principles of Economy and Learning."

2 p. m., "The Graduate Nurse and Her Relation to Nutrition of Infants and Children," Etta Watts; "Habit Foundation," May Kennedy; address of the President, Margaret Andell; reports of officers and committees. 8 p. m., Banquet.

April 12, 9 a. m., Public Health Section, E. C. Nelson presiding. 10, "Technic of Study," May Kennedy; 11, Private Duty Section, Gertrude Smarr presiding. 12, Educational Section, A. B. Commer presiding, "Technic of Teaching," May Kennedy; discussion led by Mary McKenna.

District and Alumnae News

Alabama: Birmingham.—At the annual meeting of the ALUMNAE ASSOCIATION OF ST. VINCENT'S HOSPITAL, held January 18, officers were elected: President, Fannie Bell; vice presidents, Myrtle Luckett, Ophelia Gross; secretary, Mae Thomas; treasurer, Gertrude Hoerig.

Arizona: Phoenix.—DISTRICT 1 has as officers: President, Clara Peterson; vice presidents, Mrs. Wayne Mills, Mrs. George Rehbein; secretary, Mrs. Robert A. Harker; treasurer, Mary McQuillan. Bertha Case is parliamentarian. Chairmen of committees are: Credential, Bertha Case; Program, Mrs. Mildred Fulkerson; Publicity, Mrs. Bertha Easton; Nurses' Relief Fund, Mrs. Dora Burch. Recent measures adopted and effective are: Compulsory state registration for nurses, twelve-hour duty for special nursing in the hospitals and sanitariums of this District. Barbara A. Hunter of Syracuse, N. Y., after having completed six years of service as Chief Nurse in the Army, accepted the position of Directress of Nurses at the Arizona Deaconess Hospital, on February 1.

Connecticut: Hartford.—THE HARTFORD HOSPITAL ALUMNAE ASSOCIATION has elected the following officers: President, Laura Brownell; vice presidents, Harriet Nelson, Elizabeth Pollard; secretary, Hannah G. McCann; treasurer, Eleanor Johnson.

District of Columbia: Washington.—The January meeting of the DISTRICT LEAGUE OF NURSING EDUCATION was held at the Gallinger Municipal Hospital. Following the business session, Dr. W. T. Morrill, Superintendent of Columbia Hospital, gave an interesting talk on "The Relation of the Training School to the Hospital." Mattie Gibson, Superintendent of Children's Hospital, opened the discussion, and a lively debate followed, the League Members participating in a very instructive discussion. Mrs. A. Humphrey, of the American Red Cross, gave a brief report on the many different suggestions offered for the Jane Delano Birthday Memorial, and whole-hearted cooperation for the success of the testimony was solicited from all League Members.

Georgia: Columbus.—THE FIFTH DISTRICT organization was launched on January 26, at a meeting held in the Ralston Hotel, with about forty graduate nurses present. Nurses of Columbus and Muscogee County were hostesses. Mrs. Isadore Hermann, Director

of the Public Health Nurses' Association of Columbus, was chosen as president, and the other officers elected at this time were: Eva Chalkley and Ella Jones, vice presidents; Mrs. W. A. Hendricks, secretary; Frances Moon, treasurer; and Mrs. W. B. Brittain and Miss Effie Dacin, members of the executive board. Annie Bess Feebeck of Atlanta, president of the State Association and Jane Van De Vrede, Executive Secretary, were present, lending inspiration and help in organizing. Tentative by-laws were adopted, and meetings set for the first Thursday in each month. **Macon.**—A meeting of the THIRD DISTRICT was held at the Georgia State Sanitarium, February 4, with 22 members and 10 students present. Dora Kershner, Educational Chairman for the District, had charge of the program. Minnie Bass, instructor at Macon Hospital Training School, contributed a splendid paper on "The Value of Case Study." Virginia Champion and Mary Huthnance, both Senior students in the Macon Training School, gave valuable papers. Eleven new members were received.

Illinois: Aurora.—THE ALUMNAE ASSOCIATION OF THE AURORA HOSPITAL held its annual meeting on January 27, when the following officers were elected: President, Mrs. Jene Stiles; vice president, Mabel Geist; secretary, Lillie Spinek; treasurer, Fern Kirk. **Chicago.**—The students of the RAVENSWOOD HOSPITAL are working for funds to send several delegates to the Louisville convention. The SCHOOL OF NURSING OF THE PRESBYTERIAN HOSPITAL will celebrate its twenty-fifth anniversary at the time of its graduating exercises on March 29, other events of the week being a concert of the Nightingale Glee Club on the evening of the 26th, the annual home-coming on the 27th; alumnae luncheon on the 28th; and the annual birthday party on April 2d.

Indiana: Indianapolis.—A meeting of the FOURTH DISTRICT was held January 18, at the Marott Hotel. A luncheon preceded the business meeting. Nine members were accepted into the District. Following the reports of the Secretary and Treasurer, the President, Anise Harper, announced that District Headquarters in connection with State Headquarters were established January 1, at 610 Traction Terminal Building, and that Mrs. Alma H. Scott had been appointed Executive Secretary for the District Association. Mrs. Scott briefly outlined a tentative program for District activities and asked for suggestions as to ways in which the services of the Executive Secretary could be made

valuable to District members. Mrs. Mabel Scott Huggins, Registrar of the Nurses' Central Directory, gave a report concerning the Directory. Eva F. MacDougall, Director Department of Public Health Nursing, Indiana State Board of Health, gave a résumé of matters pertaining to Public Health Nursing as presented and discussed at the Mid-West Division. The active discussion that followed this report made this meeting a most enjoyable and profitable one. THE NURSES' CENTRAL DIRECTORY has moved from 1220 Park Avenue to 1503 North Pennsylvania Street, Apt. 51. Cora McLane who has been assistant registrar for several months has been succeeded by Mrs. C. D. Fansler. Mrs. Huggins continues as registrar. THE INDIANAPOLIS CITY HOSPITAL ALUMNAE met on January 14 and outlined intensive work for the year. THE METHODIST HOSPITAL NURSES' ALUMNAE held their annual meeting January 18. The officers for 1928 are: President, Maude Troyer; vice presidents, Elizabeth Richardson, Thelma Rowland; secretary, Alma Greene; treasurer, Kathryn D. Fansler. The Methodist Hospital is erecting a nurses' home.

Iowa: Cedar Rapids.—DISTRICT 5 elected the following officers at its regular quarterly meeting: President, Toinetta Balkema; vice presidents, Mary McClerron, Lenora Starman; secretary, Sister De Pazzi; treasurer, Mrs. Lucille Fischer. The District voted to contribute \$10 a year for a five-year period to the Grading Committee. The Alumnae Associations of the State University Hospital, Iowa City, and St. Luke's Methodist, Cedar Rapids, have contributed \$5 a year for a five-year period. Mercy Hospital Alumnae Associations at Iowa City and Cedar Rapids and the Alumnae Association of Grinnell contributed \$5 each. **Council Bluffs.**—Forty members of DISTRICT 9 met for a luncheon meeting in January, at which time Frances Hutchinson, President of the State Board of Nurse Examiners and Chairman of the Program Committee for the State meeting, gave a talk on state affairs and outlined plans for the state convention. Officers elected are: President, Kathleen Brunow; vice presidents, Dorothy Kreeker; Freda Ericksen; secretary, Mrs. Ruth Medd; treasurer, Agatha Kellar. **Davenport.**—DISTRICT 6 at its January meeting elected the following officers: President, Lillian Phelan; vice presidents, Fannie Smith, Leila Gladstone; secretary, Mary Fitzpatrick; treasurer, Ann Wilkinson. Contributions to the Grading Committee were as follows: The District, \$10 this year; more, if possible, next

year; Jane Lamb Memorial Alumnae Association, \$5 a year for four years; Hershey Memorial Alumnae Association, \$3 a year for five years; Mercy Hospital Alumnae Association \$5; St. Luke's Hospital Alumnae Association, \$5. **Des Moines.**—SEVENTH DISTRICT met for a dinner at Yunker's Tea Room, January 26. The regular business meeting and annual election of officers followed dinner. President, Mrs. Vivian Walkup; vice presidents, Bess Johnson, Estella Van Horn; secretary, Louise Montgomery; treasurer, Margaret Mulrone. Agnes H. Anderson, a graduate of Iowa Lutheran Hospital, who is with a Foreign Missionary Society in Congo Belge, Africa, gave an interesting talk of her work in the clinic conducted at the missionary post. MERCY HOSPITAL ALUMNAE ASSOCIATION elected the following officers at its recent meeting: President, Katherine Tierney; vice president, Esther Valtz; secretary, Gabrielle T. Nadeau; treasurer, Ella Maher. **Dubuque.**—At the regular January meeting of DISTRICT 3, the following officers were elected: President, Frances Pedersen; vice president, Anna Bird; secretary, Clara Henchen; treasurer, Ida Kammueler. The District voted to contribute \$20 a year for a period of five years to the Grading Committee. The Alumnae Associations of Finley and Mercy Hospitals each voted to contribute \$10 a year for a period of five years, also. **Fort Dodge.**—DISTRICT 8 held its annual meeting January 8 at Mercy Hospital, electing the following officers: President, Lillian Frommelt; vice president, Mrs. Loretta Blink; secretary, Florence Cain; treasurer, Anna O'Keefe. \$10 a year for a five-year period was subscribed to the Grading Committee. **Mason City.**—DISTRICT 10 held its quarterly meeting and annual election January 28. The President is Mary McGruder. **Oskaloosa.**—At the regular quarterly meeting of DISTRICT 2, the following officers were elected: President, Esther Albright; vice president, Mary Jane Watt; secretary, Margaret Stoddard; treasurer, Flora Smith. **Sioux City.**—The will of Cecilia Streif bequeathed the sum of \$100 to the Nurses' Relief Fund. At the annual dinner and election of officers of DISTRICT 1, all officers were reelected: President, Wavie Stiles; vice presidents, Bertha Ewer, Katherine Lynch; secretary, Irene Dann; treasurer, Fern Heemstreet. The District voted to contribute \$20 a year for a period of five years to the Grading Committee. **Waterloo.**—The DISTRICT 4 quarterly meeting was held January 21, with the election of officers as follows: President, Margaret Driscoll; vice presidents, Gertrude Hof, Mrs. W. L. Lovejoy;

secretary, Nelle Hayes; treasurer, Della Darling. The District voted to contribute \$10 a year for a five-year period to the Grading Committee.

Louisiana: Alexandria.—The annual meeting of the ALEXANDRIA DISTRICT was held at the Bayside Hospital, January 17, with forty-five members present. The charter was amended and the by-laws revised to the great satisfaction of the whole Association. An honorary membership was conferred upon Mrs. Lennie Smith, in recognition of the great services she rendered in the early days of the Alexandria Sanitarium. Some of the old graduates are still here and their good training testifies to the efficiency of their superintendent. The following officers were elected: President, C. Gravel; vice president, Mrs. Florence Goodwyn Gibson; secretary, Miss Wooley; treasurer, Mrs. Statsby; councillors, L. Dunn, Mrs. Bonnette. **New Orleans.**—THE NEW ORLEANS DISTRICT held its annual meeting at the Club House on January 26, the principal business being amendments to the by-laws relating to the Central Directory Committee and the Finance Committee. No officers were elected this year.

Massachusetts: Boston.—THE NURSES' ALUMNAE ASSOCIATION OF THE BOSTON CITY HOSPITAL celebrates its fiftieth anniversary this year, October 2-4. All graduates of the school are asked to keep these dates free for a gathering at the School and to respond to any request for help in arranging for the celebration. THE ALUMNAE ASSOCIATION OF THE MASSACHUSETTS HOMEOPATHIC HOSPITAL held its annual meeting on January 9 and elected as officers: President, Alice G. Haskins; vice presidents, Daisy A. Finlay, Mary Pond White; corresponding secretary, Flora Robinson; recording secretary, Hilda Leeman; treasurer, Mrs. Anna R. Ross. Irene Stevens was chosen editor of the Alumnae Bulletin. Myra B. Conover who has been assistant to Miss Gibson at the Collis P. Huntington Memorial Hospital will go to New York on March 19, to become Superintendent of the New York Skin and Cancer Hospital.

Michigan: Battle Creek.—Officers of the BATTLE CREEK DISTRICT ASSOCIATION are: President, Ruth Tappan; vice president, Josephine Nichols; corresponding secretary, Clara Gasser; secretary Mary Edgar; treasurer, Mrs. Forrest Monahan. This District, in the past year, voted to give \$100 to help the County Federation of Women's Clubs establish a free dental clinic among the rural schools of Calhoun County. **Detroit.**—The

annual meeting with the election of officers of the DETROIT DISTRICT was held in the Church House of the Metropolitan Methodist Church, January 13. The officers are: President, Mary E. Smith; vice presidents, Mrs. Lois Barrington Sharpe, Agnes Gordon; secretary, Margaret Stewart; treasurer, Ethel Jardine. **Marquette.**—The following officers were elected at the annual meeting of the MARQUETTE DISTRICT: President, Olive Pendill, Marquette; vice president, Mrs. Martha C. Johnson, Ishpeming; secretary, Mrs. Esther P. Eggens, Marquette; treasurer, Ina Atkin, Negaunee.

Missouri: Kansas City.—At the annual meeting of the RESEARCH HOSPITAL ALUMNAE ASSOCIATION, the following officers were elected: President, Lela Rahe; vice president, Minnie J. Witte; secretary, Minta Young; corresponding secretary, Gretchen E. Mayer; treasurer, Esther Berg. A standing Program Committee was appointed, so some very interesting meetings are expected.

New Hampshire: Manchester.—THE SACRED HEART HOSPITAL ALUMNAE held their annual meeting in the form of a supper meeting at the Kay Kitchen. Officers were elected: President, Mrs. Mary Davis; vice president, Mrs. Maurice Hoitt; secretary, Josephine Haley; treasurer, Annie Hayes. At the suggestion of the retiring president, Miss Stearns, it was decided to have a community chest for the purpose of raising money for those members wishing to take special courses. Several of the public health nurses gave short talks on their work. Mrs. Davis asked for help in the work of the Grading Committee.

New Jersey: Long Branch.—The annual meeting of DISTRICT 4, was held on the evening of February first, at the Nurses' Home, of the Monmouth Memorial Hospital. The following officers for the year 1928 were elected: President, Harriet B. Cook; vice president, Albertine Filiatrault; secretary, Minnie Ireland; treasurer, Mrs. Margaret Brown. Janet M. Geister, of National Headquarters, was present and gave a most instructive and interesting address on "The Private Duty Nurse." Miss Geister brought much valuable information regarding the work being done by the Grading Committee, and what it hopes to accomplish for the nurses of the country. Miss Creech, Executive Secretary of New Jersey, was also present and gave much useful information and advice. There were about eighty members, guests and students present. **Montclair.**—THE MOUNTAIN-SIDE HOSPITAL ALUMNAE ASSOCIATION held

its annual business meeting on January 18. The following officers were elected: President, Helen Harrison; vice president, Olga Dittig; corresponding secretary, Alice MacLachlan; treasurer, Gretchen Quigley.

New York: Buffalo.—THE NURSES' OFFICIAL REGISTRY at its annual election of officers chose Dr. Thew Wright, again, as President; and Ella F. Sinsebox, Director of the registry. The registry has been moved to 266 Bryant St. The reports showed a successful two-year experimental period. **New York.**—At the February meeting of the NEW YORK POST GRADUATE ALUMNAE ASSOCIATION, Dr. T. Dwight Sloan, the new Superintendent of the Hospital was extended a cordial welcome by the members through Miss Strathie, the President. Dr. Sloan in an interesting short talk said that he was convinced that this present time would be known as the greatest nursing age. **Ogdensburg.**—The following officers were elected at the annual meeting of the ST. LAWRENCE STATE HOSPITAL ALUMNAE ASSOCIATION, held January 3: President, G. Marion O'Donnell; vice president, Mary C. Worden; secretary, Harriett L. Hobbs; treasurer, Josephine Farrell. **Rochester.**—The local LEAGUE OF NURSING EDUCATION was revived at a meeting held in January at the Strong Memorial Hospital and the following officers were elected: President, Georgia Morrison; secretary, Grace L. Reid; treasurer, Eva Patterson. THE ROCHESTER GENERAL HOSPITAL ALUMNAE have the following officers for the year 1928: President, Teresa Connell; vice presidents, Mabel Cross, Helena Brady; secretary, Lillian Frederick; treasurer, Lucy Bayley. Chairmen of committees are: Relief, Hilda Peters; Nominating, Sadie Riebe; Reporter, Mrs. Mary Nash; Executive, Carlotta Herman; Auditors, Dorothee Devine; Scholarships, Mrs. O. E. Jones; Program, Mary Alice Webber. The annual election of the PARK AVENUE HOSPITAL ALUMNAE was held on January 9 and the following are the officers: President, Ethel M. Bullock; vice president, Esther McNiven; secretary, Gladys Greening; treasurer, Dora Playford. At the annual meeting held by ST. MARY'S NURSES' ALUMNAE ASSOCIATION, January 16, the following officers were elected: President, Mary Keefe; vice president, Corinne McGurn; secretary, Elizabeth Cronin; recording secretary, Helen Wintish; treasurer, Estelle Furstoss. **Watertown.**—At the Annual meeting of DISTRICT No. 6, held at the Mercy Hospital, January 4, the following officers were elected: President, Mrs. Ralph Gedbaw; vice president, Mary McCormick; secretary, Vivian

Sullivan; treasurer, Evelyn Bourey. A post-graduate course in "Nutrition" is being given to members of District 6 by Jessie G. Cole, Nutritionist, New York State Department of Health. **Syracuse.**—DISTRICT 4 held its annual meeting at St. Joseph's Hospital, January 12, and elected: President, Ida Finch, Auburn; vice presidents, Ida Theobald and Helen Hurley of Syracuse; secretary, Frances King, Auburn; treasurer, Charlotte Fage, Syracuse; directors, Bessie Frink, Cortland, and Elizabeth Gleason, Syracuse.

Ohio: Cincinnati.—DISTRICT 8 has the following program for the remainder of this year: February 27, Christ Hospital, Program by Private Duty Section; March 26, Children's Hospital, Dramatization of Public Health Nursing, presented by the Public Health Section; April 23, Good Samaritan Hospital, Annual Meeting; May 28, Mercy Hospital, Hamilton, Report of State Meeting; June 25, Dinner meeting. The Public Health Section of District 8, held its regular monthly meeting at the Emanuel Community House. Dinner was served at 6 o'clock, after which Ann Tracy, Supervisor of the Traveller's Aid Society, gave a very interesting talk on her work. The proceeds of the theatre party given for the establishment of District headquarters netted approximately \$800.

Oregon: Portland.—Mary P. Billmeyer, who for over six years, has been Multnomah County Health Nurse, has been appointed State Field Supervisor for the Bureau of Public Health Nursing. She is succeeded by Maud Hicks.

Pennsylvania: Allentown.—The following officers were elected at the annual meeting of the ALLENTOWN HOSPITAL NURSES' ALUMNAE ASSOCIATION: President, Lillian W. Pickel; vice president, Winifred E. Kase; secretary, Marie K. Laudenslager; treasurer, Mrs. Joseph D. Rutherford. **Philadelphia.**—At the annual meeting of the ALUMNAE ASSOCIATION OF THE LANKENAU HOSPITAL, January 13, the following officers were elected: President, Wilhelmina Rechtenstein; vice president, Helen Cochran; recording secretary, Sara Patrick; corresponding secretary, Mae W. Fox; treasurer, Elizabeth V. Schmoyer; directors for two years, Mrs. Robert Peter, Caroline Bauer. **Pittsburgh.**—District Association Number 6 wishes to advise all nurses contemplating moving to this District for employment, that the field of Private Duty Nursing is overcrowded and preference is given to nurses who are already members of District 6. **Washington.**—On January 12,

in the Washington Hospital, a class of probationers gave a public demonstration of nursing procedures, after which they were presented with their caps and admitted to the School of Nursing. The principal address of the evening was made by Dr. J. H. Cary. **Wilkes Barre.**—The annual meeting of DISTRICT 3 was held at the Hotel Sterling, January 20. The following officers were elected: President, Jeanette Edwards, Scranton; vice presidents, Lydia Barber of Pittston and Emma Bellamy of Wilkes Barre; secretary, Sarah H. White, Moses Taylor Hospital, Scranton; treasurer, Jennie Huff, Pittston. The attendance was 113.

South Carolina: Greenville.—The regular meeting of the FIFTH DISTRICT was held on February 1, with twenty-four present. As the officers who had been elected were unable to serve, the following were elected: President, Maye Lowe; vice president, Annie Belle Dean; secretary, Fannie Dominick; treasurer, Mary McLaughlin.

Texas: Houston.—DISTRICT 9, in sending out the notices for its February meeting, invited the members to pay their association dues and their *Journal* subscription at one time, the definite amount being stated.



Deaths

Mrs. Mary Hewins Ambrose (class of 1919, Indianapolis City Hospital, Indianapolis, Ind.) at the Walker Hospital, Evansville, February 6, after a long illness. Mrs. Ambrose had held executive positions in Seattle, Wash., at Lafayette, Ind., at her own school, and at Memphis, Tenn. She gave up this work because of ill health, but did private nursing for a time. All her associates will miss her. She was deeply interested in her school and her work.

Lida Bodfish (class of 1911, Hackley Hospital, Muskegon, Mich.) at the Saginaw General Hospital, Saginaw, Mich., October 25, 1927. During the World War, Miss Bodfish served overseas for two and one-half years in the Alsace-Lorraine district. After her return she served as anesthetist at the Receiving Hospital, Detroit, the Memorial Hospital, Memphis, Tenn., and at the Saginaw General Hospital where she had been since 1924.

Genevieve Cooke (class of 1888, California Woman's Hospital, San Francisco, Calif.) in Berkeley, January 28, after an illness of several years' duration. Miss Cooke made a special study of massage and physical exercises

at the Cooper Medical College, San Francisco; Harvard Summer School and Children's Hospital, Boston, and most of her active work was in practicing and teaching in these branches. She was intensely interested in educational and organization work, being best known as the first editor and business manager of the *Pacific Coast Journal of Nursing* (which she had helped establish)—a position she held for nine years. She served also as a director of the *American Journal of Nursing*. She was a delegate to the International Council of Nurses twice, in Buffalo and in Paris. She helped secure legislation in California and to establish the San Francisco County and the California State nurses' associations. In national work she was President of the American Nurses' Association, 1913-1915, after having served as vice president and director. After the earthquake and fire in San Francisco, Miss Cooke was sent as a delegate to the American Nurses' Association to represent the California nurses, and she seemed to typify the California spirit of resolution and courage as she told of the catastrophe, yet assured the members that California would be ready for the national convention at the time appointed. Miss Cooke was a tireless worker, loyal to her ideals and to her friends. She was deeply appreciative of the trust and good will shown her by the nurses. She never sought prominence of office, her chief ambition being for the advancement of nursing as a profession, and especially to see the teaching methods and nursing standards of her native state second to none in the Union.

Mary T. Dean (class of 1910, Sisters of Charity Hospital, Buffalo, N. Y.) at Our Lady of Victory Hospital, Lackawanna, N. Y., on February 7, after a lingering illness. Miss Dean had been clinic supervisor for over five years.

Mrs. Woodward (Madeline Donohue, class of 1908, St. Vincent's Hospital, New York) suddenly, on February 8, in New York.

Mildred Prime Eppelsheimer (class of 1917, St. Mary's Hospital, Orange, N. J.) on January 23, at St. Barnabas Hospital, Newark. Miss Eppelsheimer served at Camp Dix during the war. She was buried at Binghamton, N. Y., with military honors.

Lucy Glover (class of 1895, Protestant Episcopal Hospital, Philadelphia) on January 5, as the result of an automobile accident.

Ethel Edith Holmes (class of 1915, St. Luke's Hospital, Bethlehem, Pa.) in December, after an illness of two weeks. Miss Holmes was the school nurse for Forsyth County, North Carolina.

Clara Howard (a graduate of the Protestant Episcopal Hospital, Philadelphia) in December, 1927.

Bertha M. Jones (class of 1915, Illinois Training School, Chicago, Ill.) on January 24, in Washington, D. C., after a brief illness with pneumonia. At the time of her death Miss Jones was a chief nurse of the United States Veterans' Bureau, on duty at the Diagnostic Center in Washington. She served overseas for two years with the British Expeditionary Forces. She was on duty with the Veterans' Bureau from December, 1921, having served at Maywood, Ill., New Haven, Conn., and Washington. She was one of the best chief nurses and was widely known in the service. Her many excellent qualities made her loved and respected and her loss is keenly felt.

Clara Kaminska (graduate of a hospital in Detroit, Mich.) on January 9, at the Lady of Victory Hospital, Lackawanna, N. Y., where she had served for nearly five years as a surgical supervisor. Her associates regret her death.

Sarah Kruger (class of 1910, Southern Infirmary, Mobile, Ala.) on November 20, in Mobile, after a short illness. Miss Kruger was a Red Cross nurse and enlisted for service during the war, but too late to be called. She had done private duty nursing.

Josephine McCormick (class of 1920, Physicians' Hospital, Plattsburg, N. Y.) suddenly, on January 18. Miss McCormick was engaged in private duty in Glens Falls and Lake Placid. Her death means a great loss to her school and her Alumnae Association.

Mrs. Sarah F. Morris (class of 1913, Davis-Fischer Sanitarium, Atlanta, Ga.) on December 16, 1927. Mrs. Morris, for several years superintendent of the Dublin, Ga., Hospital, and afterwards a private duty nurse, was devoted to nurses and nursing up to the time of her death. She had been particularly interested in the development of the recent compulsory registration law in Georgia. She will be greatly missed.

Elna Person (class of 1918, St. Mary's Hospital, Orange, N. J.) at the hospital, on January 15, after a few days' illness. Miss Person was a Red Cross nurse. She had served as a visiting nurse of the Oranges for five years.

Marion E. Seaver (class of 1909, New York Post Graduate Hospital, New York) on January 19, at Malone, N. Y., after a long period of suffering. Miss Seaver was held in the highest esteem by all who came in contact with her. She held many responsible posi-

tions—night supervisor at her own hospital, then superintendent of nurses at Flower Hospital, New York, at Oswego Hospital, Oswego, N. Y., at the Woman's Hospital, New York, at St. Luke's Hospital, Cleveland, and at St. Luke's Hospital, New Bedford, Mass.—a wonderful record.

Mrs. Miles (Ethel Stanford, class of 1910, Northwestern Hospital, Minneapolis, Minn.) in North Dakota, October 25. Miss Stanford did private duty until 1917, when she did war service at the Bremerton U. S. Naval Hospital, at San Diego and at Mare Island. Her nursing work was all done in North Dakota, where she was superintendent of a school in Grand Forks for several years until her marriage to Rev. Mr. Miles. She was one of the charter members of the North Dakota State Association, in which she held the offices of President and of Secretary-Treasurer. She also served the Examining Board as President, Secretary-Treasurer and Inspector of Schools. Mrs. Miles had a rare ability in insight, understanding, and sympathy; her forceful application of clearness, fairness, and dignity, were qualities that made her especially suited to be a leader in nursing affairs. Burial was with military honors. A tribute to her honor and memory by the North Dakota State Nurses' Association is a contribution towards a hospital in China, where her name will be engraved on a bronze tablet.

Mary L. Sweeney (class of 1890, Children's Hospital, San Francisco) on December 30, at the Alma Club, San Francisco. At the time of the disaster of 1906, although herself most painfully injured, Miss Sweeney worked heroically. She opened her house as temporary headquarters for the County Association, housing some of the homeless members under her own roof. In May, 1906, as chairman of the Central Directory Committee, Miss Sweeney established the San Francisco County Nurses' Association's first club house at No. 4 Steiner Street, and organized the Directory. From March, 1906, until June, 1907, she was secretary as well as club house manager and registrar, and resigned then to take a European trip during which she represented the San Francisco nurses at the International Convention in Paris. From 1913 to 1915 she was President of the San Francisco County Nurses' Association, District 9, and a delegate to the American Nurses' Association. She was a director of the California State Nurses' Association from 1915 to 1918 and a director of District 9 from 1918 to 1921. Her faithfulness as an active Association member eclipses that to date of any other member.

About Books

AMERICAN MEDICINE AND THE PEOPLE'S HEALTH. By Harry H. Moore. 647 pages. Illustrated. D. Appleton and Company, New York. Price, \$5.

AMERICAN MEDICINE AND THE PEOPLE'S HEALTH is the kind of reference book that thoughtful nurses singly or grouped in organizations or institutions cannot afford to do without, or have not available.

As its sub-title states, it is an outline with statistical data on the organization of medicine in the United States, with special reference to the adjustment of medical service to social and economic change. It is a ponderous volume but it had to be, to include such encyclopedic information within its covers. However, although most compact and condensed in form, the print is good and the book is altogether readable.

After surveying the early development and the present organization of medicine with the confused state of its existing system, if it can be called a system at all, the author, an economist, not a doctor, describes with great clarity the manifestations of the maladjustments. They include the inadequacy of personnel among official health agencies and in private practice, the inability of the people to pay the cost of medical service, the extensive employment of inferior types of treatment and the unfairness to many physicians of the present system. Summarizing this lack of adjustments the following indictment is made:

"A conspicuous feature of medicine today is that no organization, private or public, exists in the local community or the state whose function is to co-

ordinate the activities of individual practitioners and of private and public organizations, and to provide or plan, directly or indirectly, a comprehensive program of health and medical services for all the people. Private medical practice, health department, private agency, hospital and clinic—each is going its own particular way. Medicine today is fundamentally individualistic" (page 65).

The author then goes on to outline the recent attempts to remedy the situation. In this part of the book are brief descriptions of medical, social, and research agencies in a form that would be of great use to nurses. Among the many referred to are, for example: The Cornell Pay Clinic, The East Harlem Health Center, Railroad Medical Service, The Commonwealth Fund, Group Disability Insurance, etc.

The last part of the book is devoted to forecasts as to the future trend of organized medicine based upon the need of further organization and an outline of the principles involved.

The author points out the tendency toward increased state medical care for its citizens, the need of more hospitals and clinics, including pay clinics and group clinics, the development of complete medical service in industries whose accomplishments along this line in several large industries, he states, stand as a challenge to medicine, the extension of preventive medicine, the furtherance of adequate health insurance and lastly the conduct of community surveys to furnish a basis for the coordination of unit services into well balanced programs.

Among Mr. Moore's pronouncements which will be of interest to nurses may be mentioned the following:

"Such plans for health insurance as now are in force are inadequate, as has already been seen.

It is believed, however, that the principle of insurance, which has been unquestionably successful in protecting the people against various other risks, may be satisfactorily used in providing protection against sickness" (page 339).

"A sound system of medicine must provide adequate compensation for physicians, nurses, and all others employed therein; otherwise it is parasitic" (page 340).

"If statesmen in private medicine, statesmen in public health work, statesmen in the social sciences, and statesmen in legislative bodies will come together for a united attack on the forces of ill health, the maladjustment responsible for a vast amount of unnecessary suffering, inefficiency, disability and loss of life may be remedied, and energies set in motion which will improve, to an immeasurable extent, the health and happiness of the people of the United States" (page 365).

The voluminous notes at the end of each chapter, the full bibliography and an appendix containing discussions of such subjects as "The Human and Economic Costs of Disease," "The Shortage of Public Health Nurses," "Fee Splitting," "Is Free Hospital Service Used by People Able To Pay?" "Preventive Medical Service on a Yearly Basis," etc., are indications of additional valuable aspects of the book.

It is safe to predict that "American Medicine and the People's Health" will be as epoch making in its field as the longed-for reports of the Grading Committee on Nursing are sure to be in the field of nursing.

JULIA C. STIMSON, R.N.

Washington, D. C.

AMERICAN RED CROSS TEXTBOOK ON FOOD AND NUTRITION. By Ruth Wheeler and Helen Wheeler. Illustrated. 123 pages. P. Blakiston's Son and Company, Philadelphia. Price, 60 cents.

THE change of name of the Red Cross textbook from "Food Selection" to "Food and Nutrition" indicates the growth of thought given to the importance of the work to be done. A knowledge of the nutrition requirements of the body must be gained before any thought is given to food selection.

The new name is a step forward and the revision of the book itself furnishes much added knowledge concerning the daily requirements of different members of the family. As this subject matter is taught and the book revised from time to time, it may be possible to do away with some of the charts which can be found in reference books, and thus simplify the facts taught. "Food and Nutrition" will serve as a worthwhile textbook.

BERTHA M. WOOD.

East Northfield, Mass.

MEDICINE FOR NURSES AND OTHER PUBLIC HEALTH WORKERS. By George Howard Hoxie, M.D. Second edition. 449 pages. 52 illustrations and charts. W. B. Saunders Company. Philadelphia. Price, \$2.75.

THE subject matter is in two parts, Communicable Diseases and Systemic Diseases. The subject of Communicable Diseases is introduced by a chapter on their transmission which, although wordy, serves a good purpose. One might question the advisability of including a chapter on Mental Diseases in this type of book. In fact, it seems that the writer has tried to cover too many

subjects at the expense of their content, which is frequently very sketchy. The historical paragraphs which head many of the discussions and which are interesting, might be replaced to advantage by brief reviews on the anatomy and physiology of the organs or systems under discussion. The author is apparently well acquainted with many perplexing "whys" which confront the students' minds, and has been very generous in answering them.

His aim, as stated in the preface, is to emphasize to the student nurse the origin of disease and the means of preventing it. This is observed quite consistently throughout the book. To give the nurse a public health point of view is a need at the present time in training schools for nurses.

This book contains a few illustrations, graphs, and many statistics, but no summaries, questions, outlines, nor bibliographies to aid the student. It is simply written. It is set in good-sized type and is not too technical for the average student nurse to understand readily. If the subjects of practical use to students were slightly enlarged upon, it would be a very good textbook for nurses on medical diseases.

MINA A. MCKAY, R.N.

Massachusetts.

GROWING UP. *The Story of How We Become Alive, Are Born, and Grow Up.* By Karl de Schweinitz. 111 pages, illustrated. The Macmillan Company, New York. Price, \$1.75.

THE release of our minds from the Victorian tradition which sought to protect youth from evil by surrounding sexual truths with secrecy was bound to result in numerous books intended for the enlightenment of a less restricted generation. Earlier ef-

forts gave evidence of having been written by persons whose own youth was passed under the old régime and whose style was unconsciously hampered by the instinct to instruct in a roundabout way, by figures of speech or by comparison with topics found easier to discuss. Result—much of appeal to sentiment, of half-truths, of curiosity excited and left unsatisfied, of facts told, not as children want to hear them, but as adults think they should want to hear them. There is nothing of this in "Growing Up." The author knows how to talk to children and is as direct and frank as they naturally are. He avoids the pedantic, the long words and the involved sentences, yet resists also the temptation to "talk down" to his young audience by failing to give things their right names and to follow through to a conclusion a line of thought once started in the child's mind. It is the kind of book you can hand any child to browse in for himself, but it will be even more useful to the bewildered parent or teacher who is seeking an honest and simple answer to the questions of childhood. Every nurse has found herself at some time appealed to for advice or for information on topics which are assumed to be more familiar to her than to most. If the sex education of young children is in question, she will find a helpful guide in this book.

KATHERINE STEVENS, A.B.

New York.

THE ART OF ANESTHESIA. By Paluel J. Flagg, M.D. Fourth edition. 385 pages. 135 illustrations. The J. B. Lippincott Company, Philadelphia, Pa. Price, \$4.50.

WHEN the first edition of this book appeared in 1916 it immediately took its place as one of the

foremost textbooks on anesthesia. It is the writing of a man to whom every phase of anesthesia is familiar through his own experience. He conveys this knowledge to his readers in a very clear manner so that a thorough study of the text furnishes the student anesthetist with a splendid groundwork on which to build up his clinical experience.

Starting with a review of the history of anesthesia, the author first builds up a scaffolding of general considerations which he fills in with greater details step by step, until the completed structure is given its color in chapter XXI, called "The Point of View of the Patient." It is throughout quite apparent that we are reading one person's honest opinion, as there are evidences of prejudice in favor of certain narcotic drugs and certain machines and procedures. Nevertheless it is comprehensive, direct and unadorned except with many excellent illustrations.

To one familiar with the first edition, the fourth is disappointing. It would seem as though greater progress had been made in the past eleven years than is evident in the very slight changes and additions to the text. Five pages are devoted to the description of ethylene anesthesia. The twenty-second chapter, dealing with the selection of the anesthetic, which was added for the second edition, has been rewritten for the fourth and new material has been incorporated in the appendix.

The new preface is perhaps especially interesting to nurses giving anesthetics. There are in it several references to the anesthesia nurse technician. Whatever she is called, the nurse who gives anesthetics will do well to heed Dr. Flagg's warning. It is also quite possible that in order to acquaint herself with all the dangers

and risks in anesthesia as well as with the best methods of procedure to avoid them, she could do nothing better than study this excellent book from cover to cover. It is for sale at the attractive price of \$4.50, and will prove a valuable investment to the purchaser.

MARGARET BOISE, R.N.

Maryland.

BOOKS RECEIVED

BULLETIN NO. I, YALE UNIVERSITY SCHOOL OF NURSING. A time study of nursing procedures used in the care of a variety of surgical cases. Yale School of Nursing, New Haven, Conn. Price, \$1.

THE NURSING EDUCATION BULLETIN. A semiannual bulletin edited by the Department of Nursing Education, Teachers College. Bureau of Publications, Teachers College, New York City. Price, \$1.

THE PREVENTION OF PREVENTABLE ORTHOPEDIC DEFECTS. By S. C. Woldenberg, M.D. 120 pages. Illustrated. Bruce Publishing Co., St. Paul, Minn. Price, \$2.00.

ANNUAL REPORT OF THE SURGEON GENERAL OF THE PUBLIC HEALTH SERVICE OF THE UNITED STATES, for the fiscal year 1927. 355 pages. U. S. Government Printing Office, Washington, 1927.

CONVALESCENCE, HISTORICAL AND PRACTICAL. By John Bryant, M.D. 300 pages. 104 illustrations. The Sturgis Fund of the Burke Foundation, New York. Price, \$5.00.

This book is said to be the only bound volume in any known language, which covers both the historical and practical aspects of convalescence; and convalescent care, adequate in method and scope, is admitted by all clear and responsible thinkers to be essential to the successful completion of any modern community health program.

CHILD HEALTH AND CHARACTER. By Elizabeth M. Sloan Chesser, M.D. 204 pages. Oxford University Press, American Branch, New York. Price, \$1.25.

NERVE TRACTS OF THE BRAIN AND CORD. Anatomy, Physiology, Applied Neurology. By William Keiller, F.R.C.S. Illustrated. 456 pages. The Macmillan Company, New York. Price, \$8.00.

Some Other Books Worth Reading

BY ISABEL ELY LORD

HERE is a book you must not miss—Dorothy Canfield Fisher's "Why Stop Learning?" Perhaps you will want to skip some of the statistics, but they are all made so significant that probably you won't. And from the reading you will get courage to disregard the criticisms of the supercilious who consider "culture" not only the possession of the few, but an impossibility for the many. Our attempts to acquire some may be grotesque in the eyes of those critics, but who after reading Mrs. Fisher could doubt that attempts are better than failure to make them? Also that from those we as a people have made, something worth while has come? A stimulating book, indeed.

Not a new book, but one known to only too few, is Anne Douglas Sedgwick's "A Childhood in Brittany Eighty Years Ago." It is the story of a real old lady, retold by the novelist, and gives a wonderful picture of that fascinating province of France and of the life of its people.

If you chanced to see E. M. Forster's "Aspects of the Novel" and on picking it up found that it was a series of lectures at Cambridge University, would you lay it down again? It would be a mistake. It is written in an easy colloquial style, and although many critics do not agree with him on

many points, it will add to your enjoyment of every novel you read.

Warwick Deeping's "Kitty" repeats the success of his "Sorrell and Son." This time he tells of the fight between a dominating and "possessive" mother and a modern brave and intelligent wife for the son of the one and the husband of the other—a young man of charm and fine quality, kept weak by his mother's control all his life until the war comes. The war begins his education (not in the book), and it is carried on by his wife after he comes home shell-shocked and partially paralyzed. The way in which his mother kidnaps him and keeps him from his wife is almost but not quite incredible, and the ease with which Kitty captures him again is both amusing and convincing. A book not to be missed by those who enjoy character study.

From Zona Gale we have learned to expect good work. Her last volume of short stories, "Yellow Gentians and Blue," contains some of her best. These are not of the type of her well known Friendship Village tales, with their humor and quaintness, but in her later style, brief stories that vignette a situation. Yellow gentians are bitter, blue "flowers pushing from some inner plane of being."

FIVE MORE GOOD DETECTIVE STORIES

Deeping, W. Kitty. Knopf, \$2.50.
Fisher, D. C. Why Stop Learning? Harcourt, Brace, \$2.
Forster, E. M. Aspects of the Novel. Harcourt, Brace, \$2.50.
Gale, Z. Yellow Gentians and Blue. Appleton, \$2.
Sedgwick, A. D. Childhood in Brittany. Houghton, \$2.50.

Fletcher, J. S. The Bartenstein Mystery. Dial Press, \$1.75.
Freeman, R. A. The Cat's Eye. Dodd, \$2.
Knox, R. A. The Three Taps. Simon and Schuster, \$2.
Wallace, E. Traitor's Gate. Doubleday, \$2.
Hart, F. N. The Bellamy Trial. Doubleday, \$2.

Reprints

THE following reprints may be ordered from the business office *American Journal of Nursing*, 19 West Main Street, Rochester, N. Y.

- 15. Treatment of Diabetes with the Use of Insulin (Brown), (first and second papers), each 5 cents.
- 10. School of Nursing Committee (Davis), 5 cents.
- 25. Functions of Inspection (Friend), 5 cents.
- 6. Methods of Inspection (Friend), 5 cents.
- 125. Hearsay and Facts (Geister), 10 cents.
- 150. Part of the Nurse in Social Integration (Goodrich), 5 cents.
- 10. The Preschool Child as a Health Problem (Gesell), 5 cents.
- 400. Breast Feeding (Huenekens), 5 cents.
- 25. Relation of the Superintendent of Nurses to the Superintendent of the Hospital (McCleery), 5 cents.
- 5. The Spirit of Nursing (Roberts), 5 cents.
- 200. Teamwork (Roberts), 5 cents.
- 100. Social Hygiene and the Nurse (Stokes), 20 cents.
- 45. Calculating a Diabetic Diet (Wood), 10 cents.
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- 40. The Unwritten Curriculum (Eldredge), 10 cents.



Scholarship Competition

EIGHT scholarships of \$250 each are offered for the year 1928-29 to candidates wishing to prepare for educational or administrative work in schools of nursing or in public health.

To be eligible for a scholarship, the applicant should be a high school graduate, a registered nurse, a member of the American Nurses' Association, and she should have had one year of experience since graduation as an instructor or administrator.

The scholarships are competitive. All applications are filed until May 1, 1928, when each is written up, under a number, the name of the applicant

being withheld. The five members of the Executive Committee grade the papers on a scale of 100, taking into consideration general and professional education, experience, and personality as judged from the letters of reference.

The votes of the members of the committee are assembled and the eight who stand highest in the lists are granted the scholarships; the eight who stand next are considered alternates.

Scholarships are not given for summer courses.

For application blanks, apply to the secretary of the committee, Katharine DeWitt, R.N., 19 West Main Street, Rochester, N. Y.

The First Medico-Legal Necropsy in America

A FOREIGN correspondent writing for the *British Medical Journal* of August 25, 1883, reports the following:

"Dr. Quinan of Baltimore, has unearthed the following as a record of the first legal necropsy in America (*Maryland Medical Journal*) 'At a provincial court, held at Patuxent, for the province of Maryland, September 23, 1657, whereas it is thought that a view be taken of Henry Gouge, who is suspected of having been brought to an untimely death by his master, John Dandey, and whereas it is conceived that this cannot be had so conveniently in time as by a competent jury to take a view of said corpse, the court doth order that Mr. James Veitch be hereby empowered to go to the place where the said Henry Gouge was interred, and to call so many of the neighbors as can be conveniently procured, with two churgeons, viz., Mr. Rd. Maddocks and Mr. Emperor Smith, and after said neighbors and the two churgeons have taken a diligent view of the said corpse, then the said churgeons, in the view of those present, are to take off the head of the said corpse, and after diligent view and search, to signify under their hands how they find said head and corpse and are to cause the said head to be carefully lapped up and warily brought to the court with what convenient and possible speed as may be.'

"The fee allowed in this case will not be without interest to some; it was a hogshead of tobacco."



Cancer Still an Unsolved Problem

WHILE the cause of cancer is unknown, there are certain deviations from normal health which are indications or signposts to cancer. By heeding these signs early and seeking prompt treatment, it is possible to arrest the development of cancer in its incipency and thereby effect a cure. Delay is dangerous in that the development of cancer is so insidious that final symptoms come too late for effective treatment. Cancer is essentially a disease of adult life, being more prevalent after the age of 30. Cancer in the beginning is of local origin which, if left unchecked, may spread and affect larger and larger areas until it is too late to control. It

is pointed out by those who have studied cancer for years that local irritation is one of the most frequent contributing factors in the development of cancer, so the warning to avoid friction and irritation by prompt elimination of the cause.

There are other danger signals which should be warnings: any lump, especially in the breast; any irregular bleeding or discharge; any sore that does not heal; persistent indigestion with loss of weight. On the appearance of such symptoms a physician should be consulted at once.

A yearly health examination is a preventive measure, since it may disclose symptoms before they become apparent to the individual. —*Health Bulletin*, Connecticut State Department of Health.



About Hookworms

HOOKWORM disease has from the outset played a leading rôle in the public health work of the Foundation. During 1926, if one includes surveys, routine control, and training of personnel, this disease was dealt with by the Foundation in Jamaica, Porto Rico, Mexico, Nicaragua, Guatemala, Panama, Costa Rica, Colombia, Paraguay, Spain, India, Ceylon, Java, Siam, the Seychelles, the Straits Settlements, Sarawak, certain of the South Sea Islands, and at a training and research station in Alabama. The control of this crippling malady is not only important in itself, but it is also a striking and effective means of showing a community what public health work can accomplish. It has been a forerunner of general programs of disease prevention and hygiene.

Recently studies of soils carried on largely by experts of the Foundation's International Health Board or under its auspices have thrown more light on the nature of the hookworm problem. The little worms like a loose sandy earth in which they find protection and can go down for the moisture they must have. In a close-textured soil, like clay, they cannot prosper. Thus the need of control becomes largely a question of geology. The health officer, so far as hookworm disease goes, can safely neglect certain areas because he knows that infestation cannot begin or continue under the given conditions of soil, temperature, and moisture.—Rockefeller Report.

How Does Your State Stand?

THE following table shows the percentage between state association membership and *Journal* subscriptions for the month of February:

90% to 100%

Oklahoma

70% to 80%

Montana, Arizona

60% to 70%

New Mexico, Wyoming, Idaho,

Delaware

50% to 60%

North Dakota, South Dakota,

Wisconsin

40% to 50%

Pennsylvania, West Virginia,

Virginia, New Jersey, Alabama,

Tennessee

30% to 40%

Mississippi, Missouri, Kentucky,

Iowa, Florida, Ohio, Maine, Rhode

Island, Michigan, North Carolina,

Connecticut, Minnesota, Indiana,

Colorado, Oregon, Kansas,

Nebraska, Illinois

20% to 30%

Massachusetts, Georgia, Vermont,

Hawaii, District of Columbia, New

York, New Hampshire, Arkansas,

South Carolina, Texas, Washington

Less than 20%

Louisiana, Maryland, Porto Rico,

Utah, California, Nevada

There have been excellent gains in subscriptions in almost every state during the past few months, but as new figures for state memberships come in from the American Nurses' Association, they are used instead of those for 1927, and the percentage is, apparently, smaller. The actual membership and subscription figures for any state, as used in compiling this table, will be given to any state officer or *Journal* representative, on request.



Nursing Service

OWING to the varied nature of hospital work and the obligation to provide the most efficient care for each patient treated therein, and to obtain the best results from such treatment, we must at all times give the nursing service serious and sympathetic consideration. While hospital service is composite in nature, being made up of many well coordinated units, it must be admitted that nursing plays a major part in the care of the patient. The success of the treatment of any patient in a hospital depends largely upon the effectiveness of each of the unit services rendered. This applies particularly to nursing because of the intimate relation it has at all times to the physical welfare of the patient. In making these statements it is not intended to leave the impression of underestimating the value of the numerous other important services contributory to the patient's welfare. All are necessary, and each must be performed in a thorough manner. To every patient in the hospital the doctor stands first, and the nurse next, in relation to their best welfare. The doctor in charge of the patient makes the diagnosis, treats the condition, and leaves the

necessary orders to be carried out in his absence. All his work, however, may be for naught if the nursing service should fail to carry out these instructions promptly and accurately and render efficient routine general care.

The nursing service of any institution bears a definite relation to the end results obtained in treatment. We are now in that phase of hospital development which may be properly characterized as the "end-result period." We must focus our attention more on the end-results obtained in each case treated. A sound, practical, intensive nursing service in a hospital will invariably produce better results in diagnosis and treatment. In recent investigations of hospital results the nursing service stood out preëminently as a contributing factor to the better results obtained in some institutions as compared with others. A study of the relation of good nursing to the results obtained will convince all that it is worth while to have a thoroughly efficient nursing service available for every patient treated in the hospital.—From "Report on Hospital Standardization," *Bulletin of the American College of Surgeons*, January, 1928.

Official Directory

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The American Journal of Nursing Company.—Pres., Bena M. Henderson, Milwaukee Children's Hospital, Milwaukee, Wis. Sec., Stella Goostray, Children's Hospital, Boston. Treas., Mary M. Riddle, care American Journal of Nursing, Rochester, N. Y. Elsie M. Lawler, Baltimore; Sally Johnson, Boston; Mrs. Elsbeth Vaughan, St. Louis; Elizabeth G. Fox, Washington, D. C. Editorial office, 370 Seventh Ave., New York. Business office, 19 W. Main St., Rochester, N. Y.

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Columbus. Chief Examiner, Caroline V. McKee, 85 E. Gay St., Columbus. Sec., Dr. H. M. Platter, 85 E. Gay St., Columbus.

Oklahoma.—Pres., Grace Irwin, Clinton. Sec., Marjorie W. Morrison, 1120 N. Hudson St., Oklahoma City. State League Pres., Ethel Hopkins, Methodist Hospital, Guthrie. Sec., Edna E. Powell, City Hospital, Hominy. Pres. examining board, Ethel M. Hopkins, Methodist Hospital, Guthrie. Sec., Mrs. Candice Montfort Lee, Route 4, Oklahoma City.

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Wyoming.—Pres., Grace Williams, Wyoming Tuberculosis Hospital, Basin. Sec., Mrs. Reba C. Parnell, 711 West 28th St., Cheyenne. Pres. examining board, Mrs. Agnes Donovan, Sheridan. Sec., Mrs. H. C. Olsen, 3122 Warren Ave., Cheyenne.

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